

The production of context: using activity theory to understand behaviour change in response to HIV and AIDS

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Declaration

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the degree of *Doctor of Philosophy* in the Faculty of Humanities, Development and Social Sciences, University of KwaZulu-Natal, Pietermaritzburg, South Africa. None of the present work has been submitted previously for any degree or examination at any other University.

Mary van der Riet

Student Name

Signature

Date

Dedication

I dedicate this thesis to those in the Amathole Basin who have been directly and indirectly affected by HIV and AIDS. May we find ways to prevent others from experiencing what you have experienced.

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Just as the activity in this research process was productive of context, so the activity of producing this thesis has been productive of me. In addition to this the life and work of a doctoral student owes itself to a multitude of people. I would like to thank the following people for the role that they have played in this:

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Abstract

This thesis explores the problem of sexual behaviour change in a country which has the largest number of people living with HIV in the world. Despite awareness of HIV, and knowledge of protective behaviours, many young South Africans still engage in risky sexual practices, exposing themselves to risk of HIV infection. This lack of behaviour change by people who know the risks involved is the focus of this thesis.

I begin by developing a critique of the dominant behaviour change theories which underpin HIV and AIDS interventions, and the way in which they conceptualise the relationship between the individual and society. These theories assume a universal, rational individual who engages in decision-making before action, or is prevented by problematic factors of context (e.g. poverty, culture, gender dynamics) from engaging in appropriate protective health decisions. This conceptualisation of behaviour is inadequate in understanding the problem of behaviour change. Cultural-historical activity theory (CHAT), with its roots in the theories of Marx, Engels, Vygotsky and Leontiev, enables a different gaze on the problem of behaviour change, shifting the primary focus from cognition to activity. This provides an alternative dialectical conceptualisation of the relationship between the individual and society.

In this thesis I articulate and extend the methodology inherent in CHAT. In a study conducted in a rural area in South Africa I recruited qualitative research processes to explore the cultural-historical context of early sexual experiences leading to intercourse; and the participants' experiences of sexual activity in relation to HIV and AIDS. The conceptual and methodological tools inherent in CHAT enabled the production of the context of sexual activity. The focus on sexual activity as the central object unit and the analysis of the activity system illuminated the activity of sex as a social practice, produced and enacted within particular interpersonal, social and historical dynamics. Through an historical and current contextualisation of sexual activity CHAT-based analysis of the data enabled an articulation of contradictions and turbulence within the activity system. The problem of a lack of behaviour change is understood *through* this production of context.

Activity system analysis revealed how the introduction of the injectable contraceptive gendered the division of labour in sexual activity. An analysis of the relationship between the subject and the object of the activity system revealed a phalocentric identity investment as an

outcome of sexual activity. This analysis also illustrated the relative invisibility of HIV compared to pregnancy as a negative outcome of sexual activity. These dynamics of the activity system structure power and resistance to change in the interaction.

By accounting for the status of the activity system this analysis facilitated an understanding of a lack of behaviour change in response to HIV and AIDS. This research process forms the basis for a tentative proposal for intervention using the CHAT-based Change Laboratory approach.

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Note

I have used English (UK) spelling throughout this document although I have retained the alternative spelling used many of the authors I have cited, for example, artefact (UK)/artefact (US) and behaviour/behavior. The spelling of Russian names differs across texts depending on the publisher. For example, Progress Publishers in Moscow uses Leontyev for A.N. Leontievø (1981) *Problems of the development of the Mind*, whereas Engeström (1987) uses Leontøev, and Daniels (2001) uses Leontiev. I have used the spelling as it is used in the specific text that I am citing and -Leontievø when I am referring to him generally. The same will be done for Ilyenkov, sometimes written as Iløenkov.

Chapter 1 Introduction

1 HIV and AIDS

It is estimated that there are 40 million people living with HIV in the world (Whiteside, 2008). Although UNAIDS (2008) argues that infections are on the rise in a number of countries including China, Germany, Indonesia, the Russian Federation, and the United Kingdom, southern Africa is at the epicentre of the epidemic. Figure 1 provides a global view of HIV infection in 2007 which illustrates the severity of the problem in sub-Saharan Africa. 22 million of those living with HIV in the world, that is, 67% of the total, live in sub-Saharan Africa. Three quarters of all AIDS deaths in 2007 occurred in sub-Saharan Africa.

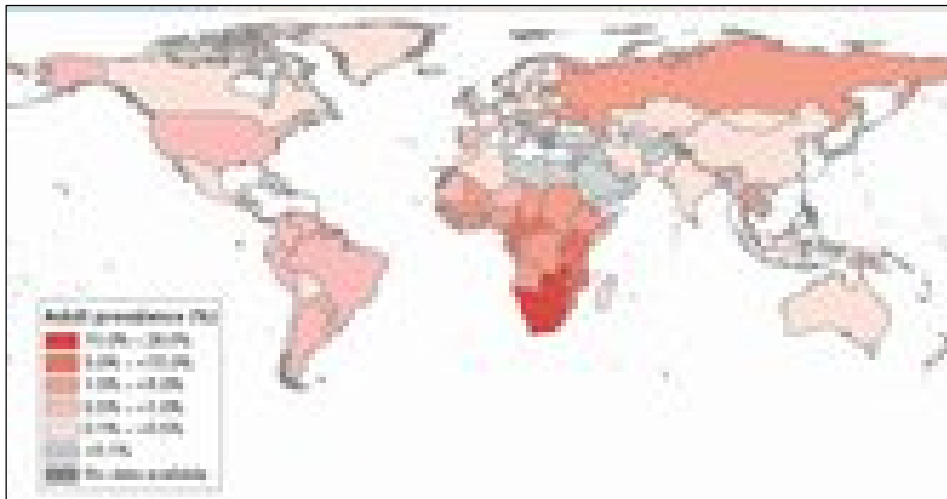


Figure 1. Global HIV infection 2007 (UNAIDS, 2008)

In 2007 it was estimated that there were 5.7 million South Africans living with HIV (UNAIDS, 2008). This is the largest population of people living with HIV in the world. Of the total South African population of 48.5 million, this is 11.7 %. The table below provides details of the HIV and AIDS epidemic in South Africa in 2007.

Total living with HIV and AIDS	5 700 000
Adults aged 15 + living with HIV	5 400 000
Women aged 15 + living with HIV	3 200 000
Children aged 0 to 14 living with HIV	280 000
Adults aged 15 to 49 prevalence	18.1%
Male youth 15-24 prevalence	4%
Female youth 15-24 prevalence	12.7%
Deaths due to AIDS	350 000
Orphans due to AIDS aged 0 to 17	1 400 000

Table 1. HIV and AIDS in South Africa in 2007 (UNAIDS/WHO Epidemiological Fact Sheets on HIV and AIDS, 2008 Update)

The HIV and AIDS epidemic, like many epidemics, is place-specific in its patterns of transmission. Craddock (2000) argues that it is characterised by regional coordinates of risk and vulnerability. She argues that the particular configuration of historical forces in Africa set into motion by colonial administrations during the early decades of this century have contributed to this vulnerability. Poverty and disempowerment have played central roles in the transmission of HIV in sub-Saharan Africa. For example, socio-economic factors increase the possibility of people engaging in practices which heighten the risk of HIV transmission (Parker, Colvin & Birdsall, 2006).

There are particular trends in the epidemic across economic strata, age and racial groups. These trends exist globally, but reference will be made specifically to South Africa. The majority of HIV-infected people in South Africa are those in the economically active population, that is, those between 20 and 49 years of age (Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, Connolly, Jooste, Pillay et al., 2005), as illustrated in Figure 2 below.

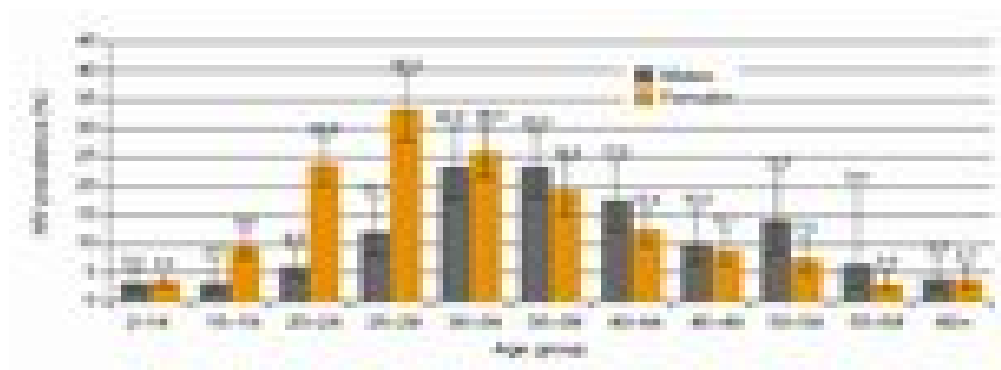


Figure 2. HIV prevalence in South Africa in 2005 by age and gender (Shisana et al., 2005)

The AIDS epidemic has been identified as a gendered epidemic. Women and girls in South Africa are disproportionately vulnerable and at risk (Parker & Colvin, 2007). Figure 2 illustrates a pattern typical of a heterosexual epidemic (Whiteside, 2008). In 2005, the estimated prevalence of HIV for 20-24 year-olds was 23.9% for females and 6% for males. Amongst 25-29 year-olds this was 33.3% for females, and 12.1% for males. The prevalence amongst male youth 15-24 years old in 2007 was 4%, whereas for female youth in the same age group it was 12.7% (UNAIDS, 2008). Young females are therefore three to four times more likely to be HIV-positive. Among youth aged 15-24 years, females account for 90% of recent HIV infections (Rehle, Shisana, Pillay, Zuma, Puren & Parker, 2007). Parker et al. (2006) argue that women's vulnerability to HIV infection is linked to physiological factors, as well as gender roles, including social, cultural and economic factors. Women's inequality and lack of control over sexual relationships heightens their vulnerability to HIV and AIDS. Socio-economic factors also drive a racial and geographic variation in the epidemic (Parker et al., 2006). Shisana et al. (2005) note that for persons aged two years and older, the HIV prevalence was 13.3% for black South Africans, 1.9% for coloured South Africans, 1.6% for Indian South Africans, and 0.6% for white South Africans¹.

The epidemic has serious immediate and long-term consequences primarily through the effect of death and illness, for example the orphaning of children, and the loss of breadwinners. Since the beginning of the epidemic, 25 million people globally have died of HIV-related causes. In 2007, approximately 958 South Africans died every day from AIDS (Whiteside, 2008). The number of orphans under 18 years of age in sub-Saharan Africa increased to 12 million in 2007.

The HIV and AIDS epidemic has immense personal, social and economic costs. HIV reduces life expectancy, slows economic growth and deepens household poverty. The poorest people are the most vulnerable and they bear the greatest burden. Parker et al. (2006, p. 26) comment that:

As the epidemic progresses, its effects can be felt society-wide in the form of changes in the country's productive capacity, in its budgeting and domestic expenditures, in agriculture and food production, in the functioning of key institutions such as police, and in social service realms such as healthcare and education. HIV and AIDS expands already critical areas of need, including supporting affected families and strengthening healthcare and other social services.

¹ Although problematic, racial categorisation within the present context of South Africa still has salience as it reflects historical disenfranchisement.

Although the virus will eventually be contained, its impact is extremely long term. De Waal and Whiteside (2003) argue that HIV and AIDS, climate conditions and deepening poverty could generate a new variant of famine in southern African. According to the United Nations Development Programme, HIV has inflicted the single greatest reversal in human development in modern history (UNDP, 2005). Living in an intricately interconnected world means that we will all be affected by the collective loss of human potential. In the face of this kind of epidemic, prevention of new infections is critical.

2 Prevention as the main response to the epidemic

The most common way in which the human immunodeficiency virus (HIV) is transmitted between people is through unprotected sexual intercourse (Parker et al., 2006; Whiteside, 2008). There are biomedical and behavioural drivers (Whiteside, 2008) of the epidemic that increase susceptibility to HIV infection. The biological factors are: age, gender, viral load, presence of other sexually transmitted infections, a mother being HIV positive, and the prevalence of the virus in a particular context (Parker et al., 2007; Whiteside, 2008). However, biological susceptibility during unprotected sex is an insufficient explanation for the extremely high HIV prevalence in South Africa (Parker et al., 2007).

In exploring why the prevalence is so high, and why it has particular age and gender patterns, HIV and AIDS researchers have highlighted behavioural factors which exacerbate the overall risk of contracting HIV. These are often referred to as 'risky practices'. For example, unprotected vaginal/anal sex; early age of sexual debut; high age differentials between sexual partners; sex early in the relationship; ignorance of HIV status; rate of partner change; concurrent partnerships; sexual assault; transactional sex; breastfeeding; injecting drug needle-sharing; and, occupational exposure to HIV (Barnett & Whiteside, 2002; Whiteside, 2008). It is these behaviours which have become the focus of HIV and AIDS prevention attempts.

3 The status quo

After 27 years of the epidemic and millions spent on interventions, the most recent UNAIDS report comments that the world is *at last* making some real progress in its response to AIDS (UNAIDS, 2008, p. 9). Globally there are declines in the number of new HIV infections and AIDS-related deaths (2005: 2.2 million; 2007: 2 million). However, the AIDS epidemic has not turned back, and neither is it *reversing* in any part of the world.

In South Africa many interventions have been funded² over the last 20 years and some changes have been recorded. For example, reported condom use at last sex has increased markedly. Amongst youth aged 15-24, 72.8% of males and 55.7% of females in 2005 reported condom use at last sex, compared to 57% for males, and 46% for female youth in 2002 (Parker & Colvin, 2007; Shisana et al., 2005). In contrast to patterns earlier in the epidemic, there are also higher levels of exposure to HIV and AIDS. In a national study of 2 448 respondents 20-30 years of age, over a quarter of males (28.6%) and over a third (34.0%) of females had a person they knew disclose their HIV positive status to them; between 13 and 19% of youth had helped care for a person sick with AIDS; nearly half had attended one or more AIDS funerals during the past year; and half knew someone who had died of AIDS in the past year (Parker et al., 2007). There are also changes in knowledge about HIV and AIDS. In the same study 94.3% of males and 93.3% of females knew HIV could be prevented through condom use, and 41.3% had been tested for HIV (Parker et al., 2007). South Africa also has the highest number of people globally accessing antiretroviral (ARV) treatment. The percentage of pregnant women on treatment to prevent the transmission of HIV from mothers to children has increased from 15% in 2004 to 60% in 2007 (UNAIDS, 2008). There has also been a slight decrease in incidence of HIV. Data from antenatal clinics in South Africa show that the country's epidemic might be stabilizing (see Table 2 below).

National HIV survey of pregnant women			
	2004	2005	2006
Women under 20	16 %	15.9 %	13.5 %
Women 20-24 years	-	30.6 %	28 %

Table 2. Decline in antenatal HIV prevalence (UNGASS, 2008, South Africa report)

² Expenditure on HIV and AIDS increased from R4 270 716 447 in 2006 to R4 530 175 220 in 2007 (UNGASS, 2008, South African report)

There are, however, significant conditions on this 'positive' picture. The 'stabilisation' of the epidemic in South Africa is at an extremely high level. More worrying is the lack of evidence of major changes in HIV-related behaviour (UNAIDS, 2008; Whiteside, 2008). It has been argued that the behaviour change interventions have had no significant impact on HIV prevalence (Parker et al., 2006). Whiteside (2008, p. 1) argues that we have proven 'lamentably inadequate' at stopping the progress of HIV and AIDS in many communities.

4 The nature of the problem

Many South African youth have experienced HIV and AIDS directly. Close family members have died of AIDS. They know that HIV is transmitted through unprotected sex. One would imagine that in response to the overwhelming evidence of the existence of HIV and AIDS, and knowledge of how it is a personal risk, individuals would stop engaging in behaviours which Whiteside (2008) argues 'drive' the epidemic. This is, however, not the case. Many youth do not engage in the protective behaviour of using condoms during sex (see Figure 3: Lack of behaviour change). In a recent book Steinberg (2008) highlights a similar issue related to participation in treatment programmes. Even if treatment for those ill with AIDS in the form of anti-retroviral medication (ARV) is available, people 'choose' not to take the treatment. He argues that they seem to 'choose' to die.

In a documentary on the national South African television station (SABC, *Special Assignment, In the Frontline*, 2008) the camera crew accompanied a home-based care-giver to the homestead of a woman in her 30s. She had been very ill with TB and had been diagnosed as HIV positive. Her husband had died a few years earlier. The camera switches to a discussion with a group of school youth (approximately 14-20 years old) including Nobuhle, the daughter of the woman whose house had been visited. Nobuhle is in Grade 12 and has already had one child, whom her mother looks after while she is at school. The discussion is about HIV and safe sex and part of it is transcribed below with the following annotations: GM = Group Moderator; F = female group member; M = male group member. Nobuhle's comments are indicated with her name. Text that has been left out is indicated with (í).

GM: How many of you know people infected with HIV?

Nobuhle: I think maybe six of my family members are infected, and others have died.

F: I have two members of my family who have died of AIDS, my mother was one of them, my mother and my uncle died of AIDS.

F: At home there are two family members who are infected, and they are still alive, they used treatment.

í

GM: How does it change your behaviour?
 F: It helps us to make the right decisions and protect ourselves from unsafe sex.
 í
 F: í It seems like it doesn't work because teenagers are still getting pregnant. And HIV and AIDS is still spreading.
 GM: How many of you have had children? Don't be shy, just be free, we know that these things are í .
 F: I have two children, 5 and 2 years old, I got pregnant at 16 years old.
 í
 GM: Why are we still not using condoms, why are we still not doing safe sex?
 F: Most of [the] girls want to buy love, they buy love with their bodiesí Once a guy says I don't want a condom, then, me, I will do unsafe sex, because I'm scared he will leave me, so I just have to do what he says, because I love him.
 í
 GM: Do we use condoms now?
 All: no [laughter]
 All: sometimes, sometimes, yes.
 M: I don't know how to use them.
 M: Sometimes our girlfriends say we are stupid if we use condoms. They don't like condoms.
 M: How can we eat sweets inside paper? [laughter]
 Nobuhle: I don't like to use condoms. What I can say is that we, one must have only one partner because as we even know there are problems about condoms. They say that we must not use condoms with that number³...so I don't trust condoms.

Figure 3. Lack of behaviour change

The key question is what is going on here? Why do people not change their behaviour despite many interventions informing them of the nature of HIV and AIDS, the nature of risky sexual practices, and the best means to protect oneself? Why do people, who can see the presence of HIV amongst family members and friends, who know how it is transmitted, and who know that they can do something about it, continue to perform the behaviours that put themselves at risk? Why do they choose to do very little, and most often nothing, about it? This is the problem that this thesis attempts to address.

In this thesis I argue that the problem cannot be explained by the dominant behaviour change theories which underpin HIV and AIDS interventions. The assumptions inherent in these theories do not provide an adequate framework for understanding the problem of behaviour change. At the heart of the problem is the way in which these theories conceptualise the relationship between the individual and society. In this thesis I argue that cultural-historical

³ This is a reference to a recent media report that a batch of free condoms distributed by the government did not undergo the necessary testing and therefore the condoms were faulty (*The Mercury*, August 24, 2007).

activity theory (CHAT) provides an alternative conceptualisation of the nature of behaviour and the relationship between the individual and society. The philosophical and methodological principles of CHAT (or activity theory) provide a means to engage critically, and practically, with the notion of 'context'. Through focussing on HIV prevention dynamics, specifically the cultural-historical context of early sexual experience leading to intercourse, I demonstrate how using an activity theory approach to understand behaviour change in response to HIV and AIDS necessitates the *production* of context. This process theoretically situates the problem of a lack of behaviour change, rendering unchanged (and unsafe) sexual practices meaningful.

5 Structure of the thesis

In Chapter 2 I examine the assumptions about behaviour and behaviour change which underpin some of the most commonly used behaviour change theories and I question the adequacy of these theories to provide an appropriate framework for bringing about behaviour change. I raise particular concerns with their conceptualisation of the relationship between the individual and context. In Chapter 3 I argue that cultural-historical activity theory (CHAT) provides a significantly different way of examining and understanding the problem of behaviour change. It does this through its conceptualisation of the dialectical relationship between the individual and society, and through providing a way to study the individual-social relationship. CHAT reframes the concept of context, highlights the social nature of action, and assumes that practical human activity plays a central role in understanding and explaining human behaviour.

In the second half of the thesis I demonstrate how CHAT provides a way of understanding the 'behaviour' of sexual activity in a context of HIV and AIDS. In Chapter 4 I problematise the notion of 'activity theory' and discuss the gaps in the articulation of a CHAT 'methodology'. I discuss how activity theory goes beyond qualitative research to provide a significant contribution to the methodology of studying human behaviour through a focus on activity, a unique engagement with the notion of 'context', and an understanding of the dynamic nature of activity. Through a particular operationalisation of the notion of 'context', activity theory contrasts dramatically with the dominant behaviour change theories, and enables a different understanding of the problem of behaviour change in the context of HIV and AIDS. In this

chapter I illustrate the use of the conceptual framework of activity as an analytic tool to examine sexual activity, and a response to HIV and AIDS, in a study conducted in the Eastern Cape Province of South Africa.

In Chapter 5 and 6 I demonstrate how applying the conceptual and analytic tools of CHAT in a research study enables the contextualisation of behaviour illuminating the problem of behaviour change in the context of HIV and AIDS. Chapter 5 contains an historical contextualisation of the activity system of sexual activity. Chapter 6 contains a contemporary contextualisation of sexual activity. Throughout these two chapters I illustrate how focussing on the dynamic nature of the activity systems, in the form of contradictions, tensions, and change, is a further contextualisation of the phenomenon.

In Chapter 7 I discuss this analysis in respect to the problem of behaviour change. In this chapter I outline how CHAT provides a significantly different way of understanding the problem from that contained in the dominant behaviour change theories used in the HIV and AIDS field. I conclude this chapter with a discussion of possibilities for intervention based on a CHAT approach.

Chapter 2 HIV and behaviour change theories

1 Introduction

The severity and enormity of the HIV problem in South Africa was outlined in the previous chapter. In the absence of an HIV vaccine, prevention efforts aim to change and reduce the *behaviours* which make individuals more vulnerable to becoming infected, or infecting others, with HIV (Bonell & Imrie, 2001; Parker, 2001; Richens, Imrie & Weiss, 2003). Particular behaviours such as unprotected sex and particular patterns of sexual contact have been identified as contributing to the high risk profile of youth. How one changes these *risky* behaviours to reduce the risk is a critical issue within HIV and AIDS research. Interventions which aim to address these behaviours draw on theories of behaviour change. Many HIV and AIDS interventions have not had a significant impact on the epidemic and this has generated a critique of the theories on which these interventions are based. In this chapter I present and critique the dominant theories of behaviour change which inform these current interventions.

2 Behaviour change theories and HIV and AIDS

Theories are seen as necessary and central to developing effective behavioural interventions (Campbell et al., 2001; UNAIDS, 1999). Within the field of behaviour change there are more than 30 theories and models⁴ (Michie, Johnston, Abraham, Lawton, Parker & Walker, 2005) which have been used across a variety of health behaviours, such as, smoking, cancer screening (Pasick & Burke, 2008), treatment adherence (Munro, Lewin, Swart & Volmink, 2007); and, changing diet and increasing exercise (Nigg, Allegrante & Ory, 2002). To address changing behaviour in response to HIV and AIDS, most behavioural interventions have drawn on these theories and models of *behaviour change* to meet the needs of HIV prevention (Bonell & Imrie, 2001; Eccles, Grimshaw, Walker, Johnston & Pitts, 2005; Michie & Abrahams, 2004; Nigg et al., 2002; Redding, Rossi, Rossi, Velicer & Prochaska, 2000).

⁴ They are variously referred to as *theories* and *models*. From here on I will use *theories*.

Behaviour change theories can broadly be divided into two categories: 'individual-centred theories' (UNAIDS, 1999) which have dominated the conceptualisation of HIV and AIDS prevention efforts and which have been roundly criticised, and more 'context-centred' theories. In this chapter I briefly present some of the dominant individual-centred theories, highlighting their central characteristics. I then present and elaborate the current critique of the assumptions in many of these theories. I then discuss, and critique, the shift in the HIV and AIDS field to context-focussed theories.

2.1 Individual-centred theories

Kalichman (1998) argues that the individual-centred theories draw on cognitive-attitudinal and affective-motivational constructs to understand how individuals change their behaviour. Nigg et al. (2002, p. 671) state that

The emphasis of most of these theories is on understanding the cognitive psychology of the individual, either alone or within the context of the individual's social environment, and from the point of view of several key constructs (i.e. motivation, intentions and behavior).

Within these theories change is conceptualised as taking place on an individual level and therefore interventions focus on changing individual behaviour, primarily through providing information and changing cognitions. Information, education and communication (IEC) approaches focus on individual level goals of knowledge, attitude and behavioural changes (Holtgrave, 1997; Kalichman & Hospers, 1997). They provide information about HIV and safer sex practices, such as delaying debut sex and using condoms. To illustrate the assumptions inherent in these theories, I will discuss three of the most widely used theories, namely: the health belief model; the theory of reasoned action/the theory of planned behaviour; and social cognitive/social learning theories.

2.1.1 Health belief model

The health belief model (Becker, 1974; Coleman & Ford, 1996; Janz & Becker, 1984; Mattson, 1999; Rosenstock, 1990) was developed in the 1950s and is one of the most widely used theories within the field of health behaviour research and intervention. The basic premise of this model is that an individual takes preventative action if she or he perceives a personal threat, perceives this threat as severe, and assesses the benefits of acting against this threat. If these benefits outweigh the perceived costs and barriers to change, the individual

will act (Airhihenbuwa & Obregon, 2000; Dagmar, Haller, Sanci, Sawyer & Patton, 2008; Kalichman, 1998; UNAIDS, 1999). The concept of self-efficacy (the amount of confidence an individual has in their ability to perform the behaviour) was a later addition to the theory (Dutta-Bergman, 2005; Rosenstock, Strecher & Becker, 1988; Strecher & Rosenstock, 1997).

UNAIDS (1999, p. 6) comments that this theory argues that health behaviour is a function of the individual's socio-demographic characteristics, knowledge and attitudes. Demographic and socio-psychological variables influence both the perceived susceptibility to, and seriousness of, the threat, and the benefits and perceived barriers to action (Munro et al., 2007; Redding et al., 2000; World Health Organisation, 2003). The individual's assessment of personal threat thus interacts with a number of factors. Drawing on Valdiserri (1989), Kelly, Parker and Lewis (2001), argue that the preventative action of condom use in sex will occur if the individual a) sees themselves as susceptible to HIV infection, b) perceives the consequences of infection as very severe, c) perceives protective action as very effective, d) receives a cue to action, e) sees minimal costs or barriers to self-protection (such as embarrassment over condom purchases), and f) is enabled to protect themselves (for example, have the opportunity to get condoms). Health behaviour change is thus based on a rational appraisal of the balance between the barriers to, and benefits of, action (Blackwell, 1992).

There have been recurrent criticisms of this model (Harrison, Mullin & Green, 1992) which will be discussed in detail below. However, despite these criticisms, use of the health belief model is still very prominent.

2.1.2 Theory of reasoned action

The theory of reasoned action (Ajzen, 1988; Ajzen & Fishbein, 1980; Fishbein, 1990; Fishbein & Ajzen, 1975; Terry, Gallois, & McCamish, 1993), was developed in the mid-1960s, and later extended into the theory of planned behaviour (Ajzen, 2005). The main proponents of the theory have argued that behavioural intention results in action (Fishbein & Ajzen, 1975). Dutta-Bergman (2005, p. 104) summarises this:

Behavioral intention is dependent on the individual's attitude toward the specific behavior, and his or her perception of the evaluation of the behavior by important others. The attitude of the individual, in turn, results from his or her salient beliefs about the outcomes of the behavior. Similarly, the individual's motivation to comply with salient others in his or her social network accompanied by the normative beliefs regarding the target behavior

ascribed to these salient others produce his or her subjective norms (Fishbein, 1990; Fishbein & Ajzen, 1975).

A person's intention to perform or not perform a behaviour is regarded as the most critical determinant, and the single best predictor, of health behaviour (Ajzen, 2005). Intention is seen as the 'direct precursor to a given behaviour - a cognitive and emotional state that poises an individual as 'ready for action' (Dolcini, Canin, Gandelman & Skolnik, 2004, p. 408). The theory of reasoned action thus

predicts individual behaviour by examining attitudes, beliefs, behavioural intentions, and the observed expressed acts. In this linear progression from attitude to action, a given behaviour will be determined by an individual's intention. (Airhihenbuwa & Obregon, 2000, p. 7)

Kelly et al. (2001) argue that in the theory of reasoned action, behaviour change is assumed to be dependent on changing this cognitive structure in the individual. The intervention strategies that emanate from this model are predominantly individual knowledge and information focussed. They focus on the individual's beliefs about and attitudes towards risk-reduction, response to social norms (for example, the norms around using condoms), and intentions to change risky behaviours (UNAIDS, 1999). Increasing the 'intention' to engage in protective health behaviour, such as using a condom, is seen as an important step in the behaviour change process (Dolcini et al., 2004).

2.1.3 Social learning theories

Within social learning theories, latterly referred to as social cognitive theories (Bandura, 1977, 1986, 2004), individual behaviour is seen to result from the continuous and dynamic interaction between individual cognition, behaviour, and environmental influences (Airhihenbuwa & Obregon, 2000; Kalichman, 1998; Redding et al., 2000). For example, Bandura (1994, p. 30) posits a causal model in which (1) personal determinants in the form of cognitive, affective and biological factors, (2) behaviour, and (3) environmental influences, all operate as interacting determinants of each other.

A central component of this theory is that the individual's regulation of behaviour is based on: beliefs about expected outcomes, the skills to act differently, and a belief that one is able to perform the behaviour - the notion of self-efficacy (Bandura, 1989). For example, adopting condom use requires the belief that using condoms will prevent HIV infection, and the belief that one could insist on condom use with one's partner. Doubting that you can protect

yourself from HIV infection, that is, having low self-efficacy, might result in high risk behaviour (Valdiserri, 1989). Behaviours are therefore enacted if people perceive that they have control over the outcome, if there are few external barriers, and when individuals have confidence in their ability to execute the behaviour (Armitage & Conner, 2001).

Bandura (2004) argues that in addition to knowledge of health risks and benefits, beliefs regarding personal efficacy are essential in influencing change. Improving individual self-efficacy by providing people with skills to engage in particular behaviours is thus seen to be central to maintaining behaviour change (Valdiserri, 1989). UNAIDS (1999, p. 7) argues that programmes built on these theories integrate information and attitudinal change to enhance motivation and reinforcement of risk reduction skills and self-efficacy. In practice this means focussing on communication between partners about sex and condom use, the individual's beliefs about condom use, and environmental barriers to reducing risk (UNAIDS, 1999).

Kelly et al. (2001) argue that an HIV-prevention campaign designed in terms of this model would consist of four major components. The first would be informational so as to increase awareness and knowledge of risks associated with specific risk-producing activities. The second component would be concerned with the development of the social and self-regulative skills to allow effective action. The third component would target the provision and enhancement of skills and self-efficacy. The final component would target creating social supports and reinforcements for behaviour changes (Bandura, 1989; Bandura, 1994; Kalichman, 1998).

2.2 Impact of interventions using these theories

The UNAIDS (1999, p. 8) review argues that these individual-level psychosocial theories have been useful in identifying individual behaviours associated with higher rates of HIV transmission. The elements of these individual-level approaches to behavioural change programmes which have had success include increasing the individual's skills in effective communication about sex and effective condom use. They have also addressed people's perceptions of risk by personalising the risks related to sexual activity. They have also addressed social norms by ensuring that perception of risk avoidance is an accepted social norm, and providing reinforcement and support to sustain risk reduction (UNAIDS, 1999).

The dominant intervention related to these approaches is to increase knowledge and awareness and twenty years after the epidemic knowledge levels about HIV and AIDS have changed. In Shisana et al. (2005) survey amongst South Africa respondents between 15 and 49 years of age, 71.2% of females and 84.6 % of all males knew that HIV transmission could be prevented through the use of a condom. However, in Parker et al. (2007) study of youth aged 20-30 years of age, 94.3% of male respondents, and 93.3% of female respondents knew that HIV transmission could be prevented through using a condom. However, despite many years of intervention based on these individual-centred theories, there has been little significant change in individual-level behaviour which leads to the transmission of HIV (Airhihenbuwa & Obregon, 2000; Kelly et al., 2001; UNAIDS, 1999). In South Africa, despite extensive HIV and AIDS prevention programmes, the expected corresponding changes in behaviour have not taken place (Attawell, 1998; Campbell, 2003; Campbell & Williams, 1998; Parker, Oyosi, Kelly & Fox, 2002; Richter, 1996; Varga, 1999; Whiteside, 2008). The infection patterns have remained the same, and the prevalence has increased steadily over the years (see Figure 4 and Table 3 below). It is currently at 11.7% of the South African population (UNAIDS, 2008). In Parker's words 'the epidemic continues to expand in large part independent of all of the efforts thus far to control it' (2001, p. 173).

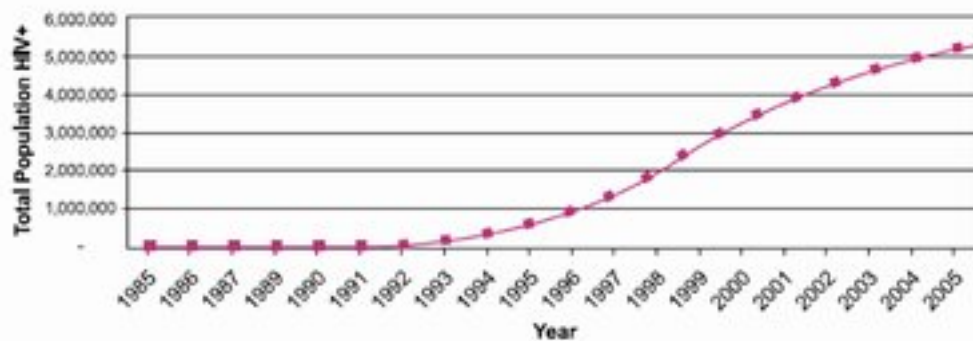


Figure 4. HIV prevalence in South Africa over time (Parker, Colvin & Birdsall, 2006, p. 8)

	2002	2005
15-24 years of age	9.3%	10.3%
15-49 years of age	15.6%	16.2%

Table 3. HIV prevalence: Household survey data in 2002 and 2005 (Shisana et al., 2005)

This data illustrates that there is a gap between the individual's knowledge about HIV and changes in behaviour. If behaviour change was dependent primarily on the individual knowing about the risk of HIV and knowing how to act in response to this, then this prevalence rates should not be what they are. Many researchers in the HIV and AIDS field have thus argued that changes in knowledge do not necessarily lead to changes in behaviour (Aggleton & Homans, 1988; Attawell 1998; Caldwell, 1999; Campbell, 2003; Höjer, 1999; Preston-Whyte, 1999; Stephenson, Imrie & Sutton, 2000; UNAIDS, 1999). This raises questions about the theories of behaviour and the assumptions on which these theories are based.

There are also significant differences in the prevalence of the disease across different contexts, and across gender. Table 4 illustrates data on HIV incidence from the latest behavioural surveillance survey (Shisana et al., 2005). HIV incidence for women in the 15-24 year age group was five times that of males in the same age group (6.1% compared to 0.8%). HIV incidence in females aged 15-49 years was more than two and a half times the incidence found in males (6.3% compared to 2.4%).

	Overall	Females	Males
15-24 years	3.3%	6.1%	0.8%
15-49 years	4.4%	6.3%	2.4%

Table 4. HIV incidence in 2005 (Shisana et al., 2005)

Parker (2001, p. 173) comments that the HIV and AIDS epidemic "continues to take its greatest toll in the so-called developing world and among the most impoverished and marginalized sectors of all societies". The higher prevalence of HIV in resource-poor contexts and socio-economically depressed such as Africa, Asia, the Caribbean and Latin America (Airhihenbuwa & Obregon, 2000; UNAIDS, 1999) as illustrated in the map on p. 1 in the introductory chapter, would suggest that there are contextual dynamics which influence either individual behaviour or vulnerability to infection. The individual-centred theories, which focus on universal cognitive and behavioural processes, do not seem to account for these dynamics.

3 A critique of behaviour change theories

The adequacy of the most widely applied behaviour change theories in providing an appropriate framework for bringing about behaviour change has been widely criticised in the HIV and AIDS literature. In 1999 Rachel King summarized the theories and related HIV and AIDS interventions in a significant review for the UNAIDS (UNAIDS, 1999). In this review she began to articulate some of the assumptions inherent in these theories. Many of these issues were then highlighted by other authors (see Airhihenbuwa, 1995; Airhihenbuwa, Makinwa, Frith & Obregon, 1999; Airhihenbuwa & Obregon, 2000; Bajos, 1997; Dutta-Bergman, 2005; Freimuth, 1992; Kelly et al., 2001; Leclerc-Madlala, 2002; Melkote, Muppidi, & Goswami, 2000; Parker, 1995; Pasick & Burke, 2008; Piotrow, Kincaid, Rimon & Rinehart, 1997; Rhodes, 1995; UNAIDS/Penn State, 1999). In this literature the theories have been referred to as unsatisfactory and superficial (Kelly et al., 2001); as individualistic (Airhihenbuwa & Obregon, 2000; Bajos, Ducot, Spencer, Spira & ACSF Group, 1997). They have been criticised for prioritising cognitive processes in decision-making (Airhihenbuwa et al., 1999); for their rationalist assumptions (Colpin, 2006); and, for their assumptions about intentionality and individual agency (Kelly et al., 2001). However, many of these commentaries stop short of a comprehensive critique of the assumptions about cognition and behaviour, although their points are implicitly based on this. Kelly et al. (2001) provide the most significant philosophically-based argument about the assumptions inherent in these theories.

The core critique is that these models focus on individual psychological cognitive processes, making assumptions about the nature of individual behaviour and the possibility of individual agency. In this section I review the key points in the critique of these widely applied theoretical approaches in terms of their inherent conceptualisation of behaviour. In response to this critique, there has been a shift in theorising behaviour change in the field of HIV and AIDS to an incorporation of 'context' into an understanding of individual behaviour. I also review and critique this shift.

It is important to highlight that this thesis has not used or 'tested' any of these theories. The theories, and the related critique, are outlined here to illustrate the way in which the problem of behaviour change in relation to HIV and AIDS has been conceptualised. I then use the critique of these theories as a point of departure for the argument in the thesis.

For the individual-centred theories, the critique has been directed at two key issues: the assumption that human behaviour *is rational and driven by cognitive processes*, that is, actions originate in the realm of cognitive processes; and, the assumption that decision-making, and thus behaviour, is primarily an *individual level* process.

3.1 Cognitivist/rationalist focus

Munro et al. (2007) argue that these theories all fit into a 'cognitivist' perspective. This is evident in the premise that 'behavioural changes occur by altering 'risk perceptions, attitudes, self efficacy beliefs, intentions and outcome expectations' (Kalichman & Hospers, 1997, cited in UNAIDS, 1999, p. 6). These behaviour change theories draw on rational theories of mind (Colpin, 2006). Humans are assumed to be 'usually quite rational and (to) make systematic use of the information available to them' (UNAIDS, 1999, p. 7). Freimuth (1992, p. 101) argues that the health belief model 'assumes a 'rational' decision-maker'. Rationally acting individuals are assumed to engage in a 'cost-benefit analysis to determine the severity, susceptibility, barriers, and benefits related to a health behavior before adopting the behaviour' (Dutta-Bergman, 2005, p. 111). The individual is assumed to perceive a risk, assess and value this information by weighing up the costs and benefits of risk-related action, and act differently in relation to an interpretation of that information (Rhodes, 1995; UNAIDS, 1999; Valdiserri, 1989). Kalichman (1998) argues that the perception of a personal threat creates the psychological 'readiness' for particular action.

Chan and Reidpath (2003, p. 43) argue that in these individual-centred theories, 'individuals are cast as the rational self-governors of risk'. This risk is constructed as knowable, calculable and thus preventable (Rhodes & Cusick, 2002). The assumption is thus that an informed individual will make rational choices which will protect themselves and others against this risk. The assumption within this theory is that the perception of risk (a cognitive process) is *sufficient* to cause a change in behaviour (Bajos, 1997). Chan and Reidpath (2003) argue that the AIDS Risk Reduction Model (ARRM) (Catania, Kegeles & Coates, 1990) is typical of this approach. This model 'focuses on the importance of individual cognitive processes around knowledge, knowledge acquisition and the mental algebra involved in risk-reward calculations' (Chan & Reidpath, 2003, p. 43). Those who knowingly act riskily are judged as irrational in their decision-making (Rhodes & Cusick, 2002).

One of the responses to this emphasis on rationality is to argue that health behaviour is not necessarily rational (Freimuth, 1992; Munro et al., 2007). In a critique of the theory of reasoned action, Airhihenbuwa and Obregon (2000) argue that decisions in sexual activity are influenced by emotions, impulse and physiological needs, rather than rationality. Dolcini et al. (2004, p. 409) argue that arousal and the desire for sexual pleasure in the sexual act may diminish the individual's capacity to evaluate a potentially risky situation and enact a new behaviour. A complex and rational cognitive assessment is unlikely to be primary in the sexual act (Kelly et al., 2001). Auerbach, Wypijewska and Brodie (1994, p. 87) argue that

a well-formulated plan of action that is the product of a careful weighing of potential harms and benefits can be dismissed in the context of a passionate sexual encounter when competing proximal goals (i.e. sexual gratification) offset well-informed intentions (i.e. to use a condom).

However, this response still assumes that decision-making resides somewhere in cognitive processes.

Another assumption within the health belief model is that protective health behaviour is the primary driver of individual behaviour; that it is the 'motivation structuring one's behaviour' (Bajos, 1997, p. 228, cited in Kelly et al., 2001, p. 265). For example, in the protection-motivation theory (Floyd, Prentice-Dunn & Rogers, 2000; Rogers, 1975) behaviour change may be achieved by appealing to an individual's fears, such as their beliefs about the magnitude of harm, the probability of the event's occurrence and the efficacy of protective response. These beliefs, and the desire to protect oneself from danger, result in activity (for example, the use of condom). Protection is assumed to be the individual's primary concern and the 'the motivation to protect oneself from danger is a positive linear function of beliefs' (Munro et al., 2007, p. 109). This highlights another aspect of the cognitivist assumptions in the individual-centred behaviour change theories: the assumption of a direct and *causal* link between beliefs and behaviour.

Kelly et al. (2001) argue that a fundamental assumption in the health belief model is that beliefs about potential risk and outcome expectancies will 'cause' behaviour. Modification of these beliefs systems are assumed to lead to behaviour change. Dutta-Bergman (2005) highlights the emphasis on beliefs in the formation of attitudes and subjective norms within the theory of reasoned action. She argues that the theory suggests that individuals 'systematically identify and weigh outcomes to form attitudes' (ibid, p. 111). Individual

actions are thus seen to be *determined by* beliefs and health beliefs in particular. Dutta-Bergman argues that

Behavioral change is induced by adding a new belief, increasing or decreasing the favourability or unfavorability of an existing belief, and increasing or decreasing the belief strength, depending on the nature of the behavior (Fishbein, 1990). (2005, p. 111)

A consequence of linking behaviour to individual cognition (thoughts, attitudes or beliefs), is that behavioural interventions target these 'cognitions' in order to 'change behaviour' (Bonell & Imrie, 2001). The primary behaviour change strategy thus becomes providing information about health risks, and sexually transmitted infection (STI) management in order to change risky sexual practices (Craddock, 2000; Leclerc-Madlala, 2002). The dominant behaviour change theories assume that if people are 'provided with information, the right information, (and) sufficient information', they will adopt the recommended behaviour (Melkote et al., 2000, p. 17). The significant point here is that the provision of information is assumed to be *sufficient* to induce behaviour change (Campbell, 1997; Kelly et al., 2001). However, as was argued above, there is a weak link between changes in knowledge and changes in behaviour. Varga (1999) argues that many studies illustrate adequate knowledge and *continual* high-risk behaviour, which is possibly what has driven the HIV epidemic in South Africa. In a review of interventions in the last two decades Parker (2001) argues that the limitations of information-based behaviour interventions informed by reasoned persuasion as a stimulus for risk reduction have become evident:

In study after study, the finding that information in and of itself is insufficient to produce risk-reducing behavioural change was repeated, and the relative limitations of individual psychology as the basis for intervention and prevention programs became apparent. (p. 165)

The gap between knowledge and behaviour, sometimes referred to as the knowledge-gap hypothesis (Viswanath & Finnegan, 1995), has become a central concern with the field of behaviour change. Why is the provision of information insufficient for behaviour change? Kelly et al. (2001) argue that there are fundamental problems with the assumption that individual reasoning is the *impetus* for human action, and thus that the individual's cognitive process of perceiving and assessing the risk provide the impetus for preventive behaviour (Rhodes, 1995, Nzioka, 1996, and Valdiserri, 1989, cited in Kelly et al., 2001). The question of whether reason is the 'driver' of behaviour will be discussed in relation to the concepts of choice, intention and agency.

3.1.1 Choice and the rational intentionality of agency

Hollway and Jefferson (2005) argue that a conceptualisation of the individual as a rational agent emerged in response to the behaviourist conception of a passive subject. This led, in turn, to the primacy of the conception of a cognitivist-rationalist 'self' able to 'choose' to act in the way that they do. This is a voluntaristic account of individual action which assumes that we can control and will our behaviour (Hollway & Jefferson, 2005). This conceptualisation is evident in the assumption in many of the behaviour change theories that actions are under 'volitional control'. For example, a key assumption in the theory of reasoned action is that we can 'choose' to act in whatever way we want to. In relation to sexual activity and HIV, it is assumed that given the appropriate information, or having the appropriate level of awareness of risks, the individual *can*, and *will*, adopt a number of strategies to diminish the risk of HIV infection. The assumption is that the individual will *choose* to engage in risk reduction behaviours such as abstaining from sex; choosing to have non-penetrative sex; choosing to be faithful; choosing to reduce the number of their sexual partners; and, choosing to use a barrier method such as a male or female condom (Parker, 2005). A consequence of this assumption is that individuals are assumed to be able to *manage* their activity and therefore respond to risk, and change their behaviour (Kelly et al., 2001). However, individuals might not be able to 'choose' their behaviour. Assuming the individual can 'choose' implies a rational, decision-making, asocial subject who is individually agentic (Hollway & Jefferson, 2005).

Bruner (1990, p. 9) argues that the term agency 'implies the conduct of action under the sway of intentional states'. These appeals to intentionality, Kelly et al. (2001) argue, form the basis of most health behaviour change models. However, the assumption that action happens as a result of conscious, rational choice; the assumption of the *rational intentionality of agency*; the assumption of voluntarism, that we are able to initiate behaviour and influence events in a 'properly ordinary way', is highly questionable (Kelly et al., 2001, p. 255). There are firstly, limits on intentionality and secondly, action is contingent in nature.

Kelly et al. (2001) argue that there are many forms of behaviour which are not necessarily intentional, that is, they are not necessarily or specifically performed as an *intentional* action. Action is not necessarily resolvable by conscious intention or will (Hollway & Jefferson, 2005). An example is that of falling asleep, which is 'a by-product of a context, and cannot be directly achieved as an act in itself' (Kelly et al., 2001, p. 257). Sexual passion is another

example. Although we might try to deliberately create the preconditions for passion, it cannot be directly willed, but happens to us. It is thus not performed as an intentional action. This means that our intentions to, for example perform a risk reduction strategy such as using a condom, do not necessarily have an initiatory function. This has implications for managing health behaviour, and risk reduction.

Kelly et al. (2001) also argue that activity is contingent on concurrent and preceding events. The origin of, and motivation for, what we do, derives not from our minds as actors, but from a multiply-determined context. The notion of contingent activity, and the constraints on individual agency, are premised on the social nature of action which will be discussed in more detail below.

3.2 Individualist assumptions

A second major critique of the dominant behaviour change theories is that they are focussed on individual decision-making (Airhihenbuwa & Obregon, 2000; Dutta-Bergman, 2005). The assumption is that risk is predominantly related to individual behaviour and that individual agency is divorced from context (Colpin, 2006). For example, the focus on beliefs and assessment of risks in the health belief model, and the theory of reasoned action, imply that the locus of choice is the individual (Dutta-Bergman, 2005). Some of these theories seem to incorporate factors beyond the individual into their framework. For example, the theory of planned behaviour (Ajzen, 1988; 2005) contains the concept of perceived behavioural control. An individual's perception of the ease or difficulty of performing a particular behaviour is assumed to be determined by his or her beliefs about the factors which may facilitate or impede performance of the behaviour (ibid). However, even when external factors are taken into account, the onus is on the individual to mentally calculate the value of performing a particular behaviour. This thus remains an individualist and mentalist conception of behaviour.

If behaviour is assumed to be driven by the individual, behaviour change is conceptualised as taking place on an individual level. This is evident in the way in which interventions based on these theories target an aspect of the individual's attitude, belief, and/or, cognition (Airhihenbuwa, 1995). For example, in a the billboard communication campaign run by a

South African organisation called loveLife to address the attitude of youth to HIV, residents of a small rural town are encouraged (rather obscurely) to 'face' HIV (see Figure 5).

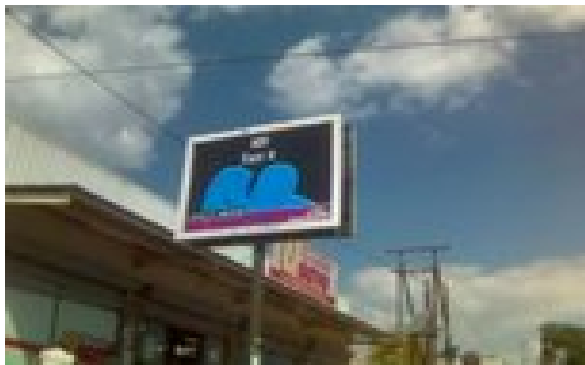


Figure 5. *HIV: Face it* loveLife billboard, Eastern Cape Province (August, 2007)

The message above a graphic of a naked body is that 'HIV loves skin on skin' (see Figure 6), presumably targeting the individual's knowledge about HIV transmission through sexual activity.



Figure 6. *HIV loves skin on skin* loveLife billboard, Eastern Cape Province (August, 2007)

Although some of the behaviour change theories have attempted to incorporate factors beyond the individual, they are still individual-centred. The theory of reasoned action/theory of planned behaviour expands on the conceptualisation of 'behaviour' inherent in the health belief model by recognising the influence of subjective norms (Kelly et al., 2001). For example, a young man is predicted to engage in safe sex if he perceives safe sex as enjoyable, values the approval of peers, and believes that they endorse safe sex (Valdiserri, 1989).

However, despite the expanded conceptualisation of 'behaviour' in this theory, these norms are relevant only insofar as they influence the 'individual' beliefs that predict intention (Pasick & Burke, 2008). The primary focus is thus still on individual cognitive processes.

3.2.1 The role of context

The key critique of the individualist assumptions of the behaviour change theories is that they do not sufficiently account for the role of 'context' in behaviour (Parker, 1995). A range of authors in the HIV and AIDS field have argued that there are circumstances beyond the individual that affect health and health decision making. 'Choice' and agency in the 'volitional control' of behaviour are seen to be affected by 'contextual' or 'social' factors (Auerbach et al., 1994; Caraël, Buvé, & Awusabbo-Asare, 1997; Dolcini et al., 2004; Melkote et al., 2000; Stroebe, 2000; Sutton, 1997; Sweat & Denison, 1995; Tawil, Verster & O'Reilly, 1995; UNAIDS, 1999).

A review of the language used in the behaviour change literature illustrates the emphasis on 'other' factors which influence individual behaviour. Chan and Reidpath (2003) comment that although HIV transmission takes place on an 'individual' person-to-person level, social forces 'heavily pattern' this transmission. Melkote et al. (2000) argue that behaviour is *embedded in* context; that context is a *mediating factor* shaping individuals' behaviours and attitudes related to HIV and AIDS. Chan and Reidpath (2003, p. 40) argue that individuals are usually seen 'as if they are independent of the socio-economic contexts in which they live and regarded as rational actors in the transmission cycle of the disease' despite the fact that many high-risk behaviours *have socio-structural roots*. Pasick and Burke (2008, p. 354) critique the 'acontextual nature of the health behaviour model' arguing that it 'places narrowly defined determinants of behaviour in a specific relationship to one another, entirely isolated from social context'. They argue that a focus on individual perceptions of self-efficacy neglects the larger range of networks and influences that *inform and affect* health decision-making. Yoder (1997) argues that decision-making and the resultant action is mediated by context: 'individuals evaluate information that may result in action within external constraints, which are mediated also by power relations in a society' (cited in Airhihenbuwa & Obregon, 2000, p. 7). Parker argues that a complex set of social, structural, and cultural factors 'mediate' the structure of risk in every population group, and the individual-centred theories therefore cannot 'fully explain, let alone produce, changes in sexual conduct without taking these

broader issues into account (2001, p. 165, emphasis added). Behaviour is thus seen to be 'related' or 'linked' in various ways, to context. It is also seen as 'affected by', 'informed by', 'shaped by', 'mediated by', 'embedded in' and 'rooted in' context.

A significant shift in approaches to HIV and AIDS interventions has been the use of a different set of theories which consider 'context'. I will discuss and critique how this has been conceptualised within the HIV and AIDS literature.

3.2.2 Theorising behaviour change in HIV and AIDS: the shift to 'context'

The dominant theories in this shift within the HIV and AIDS field are drawn from social, economic, anthropological and political models (Sweat & Denison, 1995) and include social network theory; the social influence model; the diffusion of innovation model; the empowerment model; the theory of gender and power; and the theory for individual and social change. Bonell and Imrie (2001) argue that these theories offer considerable potential for guiding the design of behavioural interventions because they 'relate' the actions of individuals to the societies in which they live. It is argued that they can 'explain' how socio-economic and cultural factors contribute to a population's vulnerability to infection (Parker, Easton, & Klein, 2000; Ramos, Shain & Johnson, 1995).

UNAIDS (1999) suggests that there are two ways in which HIV and AIDS theories and interventions have begun to move beyond a focus on the individual. One is through acknowledging that individual behaviour is affected by 'social' factors. The other is through acknowledging the impact of 'structural' factors on individual behaviour.

3.2.2.1 Social factors

The theories which focus on this 'social level' (UNAIDS, 1999) argue that social processes, factors and norms influence individual behaviour. For example, the key factors emphasized in social network theory are the role of social support and networks in determining, supporting, or discouraging particular behaviours (Heaney & Israel, 1997; Morris, 1997). Interventions based on social network theory focus on the nature of the partnership in a sexual relationship, and the broader social network because they are seen to sanction behaviour and set social norms (Auerbach et al., 1994). These group norms are assumed to influence standards for

personal behaviour (Dolcini et al., 2004), encouraging and discouraging risk related behaviours. Understanding individual risk behaviour thus involves examining

the composition of important social networks in a community; the attitudes of the social networks towards safer sex; whether the social network provides the necessary support to change behaviour; and whether particular people within the social network are at particularly high risk and may put many others at risk. (UNAIDS, 1999, p. 9)

The relational nature of behaviour is also acknowledged within the social network theory. The nature of the interpersonal relationship is assumed to influence risk behaviours and the ability to enact health protective behaviours (Dolcini et al., 2004).

The social influence model (Howard & McCabe, 1990) focuses on societal influences such as those of peers, which are assumed to affect, for example, the individual's engagement in early sexual activity. Peer group norms and group membership are seen to be strongly associated with sexual behaviour and risk taking (Dolcini et al., 2004; Varga, 1999). In interventions, role models are used to build the capacity of young people to examine and deal with these social pressures. The influence of significant others on individual behaviour, such as parents communicating to their children about HIV and AIDS, has also been emphasised (Dolcini et al., 2004).

Another theory used in social level interventions, the diffusion of innovation theory (Rogers, 1983) focuses on how ideas are disseminated throughout a community (UNAIDS, 1999, p. 9). It assumes individuals will change risk behaviour to be consistent with what is normative (Kelly, 1985). Interventions thus try to get peer networks and opinion leaders to endorse beneficial prevention, establishing them as normative in the individual's immediate social network.

These theoretical approaches on the social level thus lead to a focus on social norms and social relationships. Many of these interventions have a particular focus on the partners in sexual activity, and peers in the context of the activity. A variety of intervention strategies are aimed at changing group norms and developing negotiation skills within the relationship (DiClemente & Wingood, 1995). The two central assumptions are firstly, that if the norms are modified in groups which have the most influence on the individual's behaviour, for example the peer group, individual behaviour change will take place; and secondly, that if individuals within the relationship are personally empowered to negotiate safer sexual practices, behaviour change would be more likely.

3.2.2.2 Structural factors

Parker (2001, p. 173) argues that by the end of the 1990s, cultural, political, economic and structural approaches increasingly merged in offering an important counterpoint to the more biomedical and behavioral perspectives that continue to dominate the field and to receive the lion's share of funding and prestige. This was driven partly by the fact that HIV incidence and prevalence is highest in countries with the lowest standards of living and high levels of poverty (Sweat & Denison, 1995; Tawil et al., 1995). This suggests that there are a range of inter-connected social and economic factors outside individual control which influence individual sexual behaviour and vulnerability to HIV infection.

A dominant response within the structural approaches to incorporating 'context' into understanding behaviour is to identify the contextual factors which influence behaviour (Campbell, 1997; Leclerc-Madlala, 2002). UNAIDS (1999, p. 8) has referred to these as the social, cultural and economic 'determinants of behaviour', or 'variables'. In essence, they could be divided into structural factors (social, economic and political), and macro-level ideological frameworks (gender, cultural and race).

3.2.2.2.1 *Social, economic and political factors*

Some of the structural socio-economic and political factors which are argued to affect behaviour are poverty, unemployment, poor education, limited access to health and social services, labour migration, urbanisation, and civil conflict (Amuyunzu-Nyamongo, Tendo-Wambua, Babishangire, Nyagero, Yitbarek, Matasha & Omurwa, 1999; Melkote et al., 2000; Meursing & Sibindi, 1995; Moore & Rosenthal, 1992). These factors include civil and organizational elements as well as policy and economic issues (Becker, Guenther-Grey & Raj, 1998; Caraël et al., 1997; Parker, 1996; Sweat & Denison, 1995; Tawil et al., 1995).

These variables have been argued by Parker (2001, p. 168) to determine the 'social vulnerability of both groups and individuals'. He links this vulnerability to diverse political and economic processes and policies of economic development, housing, labour, migration, immigration, health, education, and welfare. The assumption is that dire economic situations establish the conditions for vulnerability to infection and 'create the dynamic of the epidemic' (ibid, p. 169). This is because economic imperatives lead to urban migration,

seasonal work and sex work. These conditions disrupt social systems by breaking up and displacing families and fragmenting communities. In a similar way, civil disturbances and war disrupt the social fabric of communities and are factors which have a strong correlation with high HIV incidence (Parker, 2004).

A significant interpretation of this context-behaviour relationship is that context *limits* the agency of the individual to engage in risk prevention behaviours. Chan and Reidpath (2003, p. 42) argue that agency is constrained by context because it is limited by relative power:

Agency however, is not equally distributed amongst the population, whereby every individual can freely choose and act. The broader social, political and economic milieu in which people seek to act, and the factors such as education, wealth and tradeable skills all interact and influence the extent of the agency available to the individual, and their choices and actions.

They draw on the argument by Sen (1999) that agency is constrained by the available social, political and economic opportunities. The assumption is that individuals are not necessarily in control of these broader factors, but these factors determine their health, and therefore their health behaviours. Dutta-Bergman (2005) argues that individual agency in resource-deprived contexts is limited by these structural constraints. Agency is affected because in resource constrained contexts, there is a prioritisation of risks

health decisions might be located in the capability of community members to gain access to some of the primary resources of life, such as food, clothing, and shelter. In the face of the absence of these basic resources, engaging in higher order health behaviors such as getting mammograms, not smoking cigarettes, or having safe sex might seem irrelevant. (Dutta-Bergman, 2005, p. 109)

UNAIDS (1999, p. 11) also argues that in conditions of intense social and economic strain, HIV concerns take a very low priority in a risk hierarchy.

A number of researchers have also argued that resource-poor contexts create disabling conditions, undermining and limiting the individual's ability to make safer sexual choices. Socio-economic factors are seen to interact with individual variables of self-efficacy and power in sexual interactions (Campbell, 1999; Campbell & Williams, 1998; Hobfoll, 1998; Kelly & Parker, 2000; Lindegger & Wood, 1995; MacPhail, 1998; Melkote et al., 2000; Preston-Whyte, 1999; Standing, 1992). These conditions frame the choices the individual makes about sexual risk (Kelly et al., 2001). Economic necessity might lead an individual to exchange sex for economic or other benefits as a matter of survival and this may cultivate risky sexual practices (Kelly & Parker, 2000). Kelly et al. (2001, p. 252) argue that just as it

cannot be assumed that we choose to be sexually active in the ways that we are sexually active, the individual's choice to engage in risk reductive behaviour also cannot be assumed. Agency is thus linked to the access of the individual to social, economic and political resources.

For some authors, mediating this limit to agency requires altering the structural conditions that may impede or facilitate the adoption of safer sex (Parker et al., 2000; Preston-Whyte, 1999). A structural intervention might involve the provision of basic resources to address poverty (Dutta-Bergman, 2005), or improving the logistics of condom availability and distribution. Chan and Reidpath (2003, p. 47) argue that addressing the basic structural, political and economic factors that drive, control and pattern the action of high-risk individuals will increase the agency of the individuals. Inherent in this statement is the assumption that once context in the form of a structural condition such as poverty is addressed, the rational subject can then act. The assumption is that behind context is a universal, rational individual, able to make the necessary decisions about protective health behaviour. In this framework, context is thus a phenomenon to be overcome.

3.2.2.2.2 *Macro-level ideological factors (gender, culture and race)*

The ideological frameworks which are argued to affect individual behaviour include cultural and gender beliefs, and racial ideologies. These terms are often conflated and cross-reference each other. For example, cultural factors might be seen to include the inferior social position of women (gender dynamics) and violence and coercion within sexual activity (Varga, 1999). Many of these factors are also seen to have a synergistic effect (Parker, 2001), partly because gender and racial (and even cultural) positions in society are related to power.

Parker (2001) argues that gender inequalities in society are linked to social and cultural rules and regulations. These rules and regulations condition the possibilities for the occurrence of sexual violence, for patterns of contraceptive use, for sexual negotiation, (and) for HIV/AIDS risk reduction strategies (Parker, 2001, pp. 169-170). Gender power relations are often weighted towards male decision-making over sex. Parker (2004, p. 2) refers to a continuum of consent in sexual activity that extends from willed or conscious engagement in sexual activity through to unwilled non-consensual sex, that includes the use of coercion and possibly physical violence. In the case of consensual sex, risk reduction involves a range of

conscious strategies, but even such strategies are not always readily negotiable, and differentials of power may extend beyond mutually consensual sex. This makes women, and especially poor women, vulnerable to HIV infection. There are also power differentials in the interaction related to the relative age of the participants. A young person may be coerced or persuaded to engage in sexual activity by an older person who has authority.

Specific theories address these gender dynamics. For example, the socio-structural theory of gender and power focuses on how structurally determined gender dynamics such as the distribution of power and authority, and gender-specific norms and roles in relationships (Connell, 1987), might affect sexual relationships and influence the risk reductive practices of women (DiClemente & Wingood, 1995).

The impact of race and racism has also been linked to issues of both poverty and gender, creating a synergistic effect (Parker, 2001). In South Africa, although HIV is present among all race groups, the prevalence amongst Africans is 13.3% compared to less than 2% in other racial group (see Figure 7 below). Parker et al. (2006, p. 20) argue that even in the post-apartheid period racially-based disadvantage continues to occur in relation to exposure to poverty, place of residence, education, job opportunities, skills and training and access to services. In contexts with poverty, and constrained opportunities and resources, risky behaviours which heighten the risk of HIV transmission, are more likely (Parker et al., 2006).

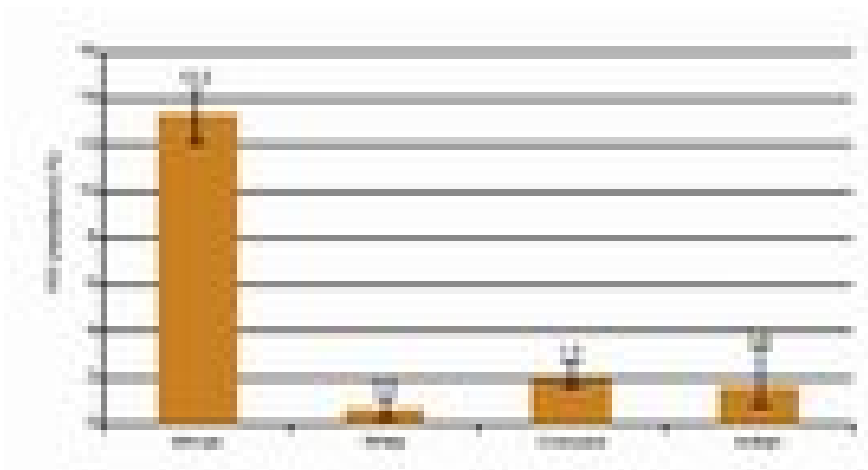


Figure 7. HIV prevalence by race among respondents aged 2 years and older in 2005 (Shisana et al., 2005, p. 36)

Women are particularly disempowered and disadvantaged, making them disproportionately vulnerable and at risk for HIV infection. Shisana et al. (2005) found that females are more likely to be living with HIV, and this proportion has increased over time. In their study, 24% of women aged 20-24, and 33% of women aged 25-29 were HIV-positive, compared to 6% and 12% among men in the same age groups. As mentioned in the introduction, women's vulnerability is partly linked to physiological factors such as a larger receptive area of the vagina, greater likelihood of undetected sexually transmitted infections, and a greater concentration of HIV in semen (Parker et al., 2006). It is also linked to gender roles, including social, cultural and economic factors. Melkote et al. (2000, p. 21) argue that race and gender "configure material realities that determine the manner in which AIDS impacts societies". Although Shisana et al. (2005) only present data on the prevalence of HIV amongst African women in the 15-49 year old age group (24.4%), and do not compare this any other racial group, the intersection of gender and race suggests that they might be the most vulnerable group in South African society.

Research has also highlighted an association between "cultural" factors (social influences and conventions) and the ability to change risky sexual behaviour (Amuyunzu-Nyamongo et al., 1999; MacPhail & Campbell, 1999). Cultural factors, such as the high value placed on fertility, and male patriarchy, act as barriers to sexual behaviour change because they hinder the use of safer sexual practices as a means to prevent HIV infection (Meursing, 1999). "Culture" is sometimes seen to influence behaviour in that individuals have to act within the framework of norms and conditions set up within particular contexts. Cultural norms might "mediate individual decisions in ways that individuals may not always realize" (Airhihenbuwa & Obregon, 2000, p. 12). For example, there might be cultural norms about men initiating a sexual interaction. "Culture" might thus affect the individual's ability to make "individual" decisions, and to change their "individual" behaviour. Airhihenbuwa and Obregon (2000) argue that contexts which have more of a "collectivist" culture set up different processes for decision-making, and do not prioritise the "self". The individual-centred theories are thus argued to be limited in their applicability because the locus of control for health decisions rests "somewhere outside the self" (Airhihenbuwa & Obregon, 2000, p. 9). In such contexts "individual" decision-making originates in group norms and processes, and cultural mores and rituals, and the locus of the decision is in the collective (Airhihenbuwa & Obregon, 2000; Dutta-Bergman, 2005). In these more collectivist contexts, individualistic messages of behaviour change will fail because they are counter-posed to the values of the collective

(Dutta-Bergman, 2005). She argues that in Cambodia buying sex is integral to almost all forms of evening entertainment for men, (and) women are expected to contribute to the family's income at a very early age, leading to a sense of family obligation that drives women to enter the sex industry in the face of poverty (ibid., p. 107). However, this critique of the individual-centred theories still allows for individual decision-making, but only in particular contexts (for example, more Western, urbanised settings). In this critique, culture, society and context are pathologised as phenomena which obstruct pure universal individual reason.

Parker (2001) argues that gender, race and culture intersect with the social and structural factors of poverty and economic exploitation in a form of structural violence. They find expression in racism, social exclusion, gender power and sexual oppression, which in turn shape sexual experience and vulnerability to HIV infection. Intervention research has increasingly drawn on theories of social transformation and empowerment in order to address power and oppression (Parker, 2001). The theory for individual and social change and the empowerment model take a critical perspective on these economic, political and social forces (of, for example, gender oppression and economic exploitation) in which the individual exists. These macro-level ideological factors are seen to limit agency. The assumption here is that HIV and AIDS prevention research must be understood

as part of a broader process of social transformation aimed not merely at the reduction of risk but at the redress of the social and economic inequality and injustice that has almost universally been found linked to increased vulnerability in the face of HIV and AIDS.
(Parker, 2001, p. 172)

Interventions thus focus on the empowerment of individuals, organisations and communities to change structural and environmental factors by increasing problem solving capacity and enabling them to take action to improve these conditions (Israel, Checkoway, Schulz & Zimmerman, 1994; Parker, 1996). The focus of these intervention strategies is to develop individual agency, in a similar way to that described above. However, interventions have also been targeted at the broader level of community intervention rather than changing individual knowledge, attitudes and beliefs (Bonell & Imrie, 2001). Community mobilisation involving the creation of citizen action through the recruitment of community groups to implement a plan of action (Dolcini et al., 2004, p. 411) is used to address some of these social and structural factors which impact on individual behaviour. This involves developing advocacy skills in order to enable community members to mobilise resources to effect a shift in public opinion or policy (Dolcini et al., 2004). In South Africa advocacy has been extensively used to change the conditions relating to the government's provision of anti-retroviral (ARV)

medication for those who are HIV positive, and medication to prevent the transmission of the HI virus from pregnant mothers to their children (Nattrass, 2007). The assumption underlying the community mobilisation approach is that change on an individual level is effected, and sustained, by making changes at broader levels of community and society.

The HIV and AIDS field is characterised by a huge diversity of interventions, employing methods that focus variously on the community and societal levels (for example, changes in policy and legislation). The distinct shift evident in these theories and interventions is that of a focus on the 'social' determinants of individual behaviour, or the context 'surrounding the individual'. The interaction of these factors in different types of settings, how they considerably influence risk of HIV infection, and the way they influence the capacity for individual change, has become the focus of prevention designs. It is beyond the scope of this thesis to extensively review the evaluations of interventions based on these theories, however a few brief points will be made.

3.2.3 Interventions: effect and constraints

Dolcini et al. (2004) argue that there is evidence that some of these approaches have mobilised and empowered communities, and resulted in broad-scale changes which have improved health conditions. They provide examples of the effectiveness of community mobilisation and advocacy approaches in needle-exchange and condom distribution programmes. There is also evidence that interventions using ecological models have facilitated empowerment and community cohesion (McLeroy, Bibeau, Steckler, & Glanz, 1988). The National Institutes of Health (1997) argues that evidence suggests legislative and regulatory changes have had powerful effects on HIV risk behaviour. For example, the insistence on condom use amongst sex workers in brothels in Thailand has led to a decrease in the incidence of HIV infection amongst sex workers. A successful example of changing structural barriers to HIV and AIDS care is the work of the Treatment Action Campaign and Medicines Sans Frontiers in influencing policy decisions about the provision of ARVs in South Africa (Nattrass, 2007). However, there are significant barriers to working towards structural changes, and thus immense constraints on these kinds of interventions. This is partly because barriers influencing quality of life and health conditions are usually complex and operate at a macro-level (Dolcini et al., 2004). In addition to this change, especially large-scale change, comes about through processes that often take many years to be realised

(UNAIDS, 1999). Donors and funding agencies are also less likely to support interventions focussing on the environmental and structural level because they are complex, long term and the effects are not easily measured (Dolcini et al., 2004). Developing broad-based and sustainable interventions are also difficult (UNAIDS, 1999). Political action (e.g., advocacy, lobbying, enacting legislation) might be required to bring about meaningful change, but it might also not be possible.

Significantly, these more socially-oriented theories have not been critiqued to the same degree as the individually-centred theories. However, there are several problems with the way in which the current theories use the term 'context' and what this implies about the relationship between the individual and social levels of analysis.

3.2.4 The problem of 'context'

The need, reflected in HIV and AIDS research, to 'account for context' mirrors the paradigmatic shifts in the social sciences about the relationship between 'mind' (or cognitive processes) and 'context'. In this section I draw on learning theory and theories of the nature of 'mind' to understand the relationship between the individual and society.

The mainstream theoretical position on the notion of 'mind' has its origins in Plato's theorizing and proposes stable universal processes of mind that are ahistorical (Cole, 1996). The assumption in this position is that, methodologically, these can be studied through the rational procedures of the natural sciences which are universally applicable methods and which focus on the analysis of repeated phenomena. This quantification of the measurable properties of matter, through experimentation and deduction, generates natural laws, which makes an understanding of the world possible. The human body and psychological processes such as cognition are assumed to fall under the ambit of natural science and thus these natural science principles can be adopted by psychology to understand behaviour. Of relevance for the HIV and AIDS field is that these more conventional theories of knowledge and mind are the basis for rationalist, individualist, empiricist conceptions of learning which tend to treat knowledge and processes of learning as decontextualised (Lave, 1996). Lave (1996, p. 7) argues that learning is seen to be 'contained in the mind of the learner' and the 'lived world' is ignored.

The paradigmatic shift in the social sciences away from this conceptualisation of 'mind' assumes that human mind, cognition (and thus behaviour) are historically and locally contingent. In what Cole (1996) refers to as the current *zeitgeist*, history, culture and language are assumed to play significant roles in constituting human thought and action. Persons acting and the social world of activity are seen as inseparable (Engeström, 1987; Lave, 1996). All human behaviour must therefore be understood 'relationally, in relation to 'its context' (Cole, 1996, p. 131) and this creates a significant theoretical and methodological challenge. Lave (1996) asks: how exactly does one conceptualise the relationship between 'persons acting' and the 'social world'? Cole (1996) questions how we can understand how the 'social' enters into psychological processes. Much rests on the way in which one understands the word context.

Cole (1996) comments on the variety of words used to refer to the factors which are extra to, but which somehow impact on the individual, for example, background, circumstance, environment, situation, and, of course, context. As illustrated above, these are very similar to what is found in the HIV and AIDS literature. However, although the term 'context' may have become one of the most prevalent terms used to 'index the circumstances of behaviour' (Cole, 1996, p. 132), use of the term does not necessarily provide an appropriate account of the relationship between the individual and context, or between 'behaviour' and context. In order to understand the limitations of these conceptions of context, Cole (1996) uses different metaphors as heuristic devices which enable an 'image' of the relationship between context and the individual, for example, the notion of context as a 'container'. Following Cole (1996), inherent in the behaviour change theories is firstly a focus on the context 'surrounding' the individual, and secondly context is conceptualised as a determinant of behaviour in the sense of being a 'variable'.

3.2.4.1 Context as container

One of the most common conceptualisations is that of context as a static but encompassing 'container' for social interaction (Lave, 1996). McDermott (1996, p. 282) has a useful way of presenting the consequence of this kind of conceptualisation:

In all commonsense uses of the term, context refers to an empty slot, a container into which other things are placed. It is the 'con' that contains the 'text' the bowl that contains the soup. As such, it shapes the contours of its contents; it has its effects only at the borders of the phenomenon under analysis. The soup does not shape the bowl, and the bowl most

certainly does not alter the substance of the soup. Text and context, soup and bowlí can be analytically separated and studied on their own without doing violence to the complexity of the situation. A static sense of context delivers a stable world.

Context used in this way is sometimes depicted as set of concentric circles representing different -levels of contextø, with the biological person in the middle (Cole, 1996; Tolman, 1999). A classic example of this in psychology is Bronfenbrennerø (1979) model of -The ecology of human developmentø, which articulates the individual surrounded by micro-, meso-, exo-, macro-, and chrono-systemic layers. Geertz (1973) refers to this approach as a stratigraphic conception of humans in which the individual psychological essence is covered by layers of other situational or contextual variables, such as social and cultural factors. This conception is evident in much of the HIV and AIDS literature when context is referred to as something *øsurrounding* individual behaviourö (UNAIDS, 1999, p. 9, emphasis added).

There are several problems with this approach. In this conceptualisation individual and social factors can be distinctly identified and are separate. Geertz (1973) argues that the compartmentalising of components on the -socialølevel is a mechanism of reduction, inappropriately simplifying the nature of reality. Context, and -realityø cannot be -layeredø like this. Language is a useful example. A word has meaning in the context of the utterance, which has meaning in a relationship to a large unit of discourse (Bateson, 1972, cited in Cole, 1996), but there is no simple temporal ordering. As Cole (1996) argues, that which -surroundsø occurs before, after and simultaneously with the -act/eventø. This stratigraphic conception of the relationship between the individual and context is also argued by Geertz (1973) to generate data which may reflect momentary states or -snapshotsø of life, but it does not enable an understanding of the processes which *lie behind* psychological life. The container notion of context also does not account for the process of history, and for social dynamics such as power relations between people at different levels of context. In sexual activity, certain factors will indeed limit agency, or as Parker notes *ødisable volitional control over sexual activity and contribute to overall vulnerability to HIV infectionö* (2004, p. 2), but in this conceptualisation, the mechanism behind these limitations is not self-evident.

The conceptualisation of context, as that which -surroundsø, contains an additional assumption. Using the terms -contextualø factors or -cultural factorsø in relation to the individual distinguishes two levels of analysis: the individual and the social. An attempt is

then made to explain the relationship between them by identifying what aspects of the 'social' affect the individual. These factors are then treated as variables.

3.2.4.2 The 'variabilisation' of context

In the 'variabilisation' of context, the contextual or cultural factors are 'unpacked' into antecedent variables so that their relationship to individual behaviour can be studied, and 'firmer causal conclusions can be reached' (Cole, 1996, p. 3). An example of how these factors are variabilised within the HIV and AIDS literature is the position of Melkote et al. (2000). They argue that once the appropriate behavioural and societal variables which 'impinge on preventative health behaviour' (ibid, p. 19) have been identified, one must integrate them into the framework for understanding behaviour and behaviour change. In other words 'context' or society is delineated as a set of independent or mediating variables and their impact on the dependent variable of psychological factors is then assessed (Berry, Poortinga, Segall, & Dasen, 1992; Lonner & Adamopoulos, 1997). In this reductive conceptualisation contextual factors, or events (independent variables), are thus seen to 'cause' individual behaviours (dependent variables). Context and 'mind' are ordered temporally - context as stimulus, and mind as response (Cole, 1996). This methodological approach does not really understand or explore context, but instead it 'creates reactions' (Edgerton 1974, cited in Cole, 1996, p. 329).

Treating context or 'culture' as a variable has been criticised for the methodological and conceptual problems it creates. Choosing which variable is the independent variable of focus involves a process of selection. A singular object or event is taken as the subject matter of analysis, even if it does not exist as a single object or event, or set of objects or events (Dewey, 1938, cited in Cole, 1996). Dewey argues that 'in actual experience there is never any such isolated singular object or event; an object or event is always a special part, phase, or aspect, or an environing experienced world or a situation' (ibid, p. 67, cited in Cole, 1996, p. 132). Tolman (1999, p. 82) argues that for the individual

the 'historical-sociocultural milieu' or 'society' is not a set of variables that can be subtracted from the focus of concern by being held constant. The individual *is* society manifested in a single organism. And its nature is not that of variables but of process!

Another problem with this conceptualisation is that although a relationship between individual and social 'levels' is acknowledged, the interaction is unidirectional. Hollway and

Jefferson (2005) argue that the voluntaristic account of individual action has to some degree been replaced by a deterministic account of individual action which retains the essential dualism between individual mind and society/context. Context is seen as primary and it causes behaviour. Bourdieu (1977, cited in Cole, 1996, p. 139) argues that context is not cause, and one cannot treat practice as a mechanical reaction, directly determined by the antecedent conditions. Levels of context in the concentric circles metaphor cannot cause other levels of context. Cole (1996) also argues that although the metaphor of context as concentric circles is useful in the sense that it highlights that phenomena are constituted by something other, either above or below it is limited because it assumes the circumstances of action to be immutable and static. It does not account for the dynamic and dialectical interaction between the individual and context.

Within the HIV and AIDS literature there is some recognition of issues beyond a variabilisation understanding of context. Kippax (2003, p. 21) critiques the reductionism and decontextualisation inherent in health behaviour theories which assume a rational unitary human subject separating the intra-psychic from the interpersonal and social. She argues that sexual activity cannot be reduced to relationships between variables and the experimental manipulation of variables in these approaches fails to give an adequate account of sexual behaviour change. Further evidence of an understanding of context beyond variables is in the number of authors highlighting the complexity of sexual behaviour (see for example, MacPhail & Campbell, 1999; Parker, 2001; Pasick & Burke, 2008; Piotrow et al., 1997; UNAIDS, 1999). For example, UNAIDS (1999, p. 5) argues that sex is a diverse and complex health behaviour deeply embedded in individual desires, social and cultural relationships, and environmental economic processes infused with norms, regulations and conventions about appropriate behaviour. Aggleton (1996) argues that motivations for sex are often complicated and societal norms, religious criteria, and gender power relations infuse meaning into sexual behaviour (cited in UNAIDS, 1999). Spronk (2005) highlights the many reasons why people might engage in sex, for example, sex might be motivated by the pursuit of pleasure, a desire for intimacy, an expression of love, a definition of self, procreation, domination, or a need for money. UNAIDS (1999) and Craddock (2000) argue that acknowledging the complexity of sexual behaviour and risk; the complexity of HIV transmission and control; and the complex social contexts of HIV and AIDS, leads to the development of more appropriate and effective prevention policies and interventions. The acknowledgement of the complexity of sexual behaviour has led to more multidimensional,

interdisciplinary and comprehensive perspectives which simultaneously consider individual, social and cultural spheres which are assumed to account more appropriately for this complexity (Dolcini et al., 2004; Leclerc-Madlala, 2002). However, this idea of 'complexity' still does not fully explicate the nature of the relationship between individual and context. Adequate ways of framing the relationship between the 'individual' and the 'social' seem to be elusive. Over a decade ago, Campbell (1997) and Campbell and Williams (1998) highlighted the need for an adequate conceptual framework for the analysis of the relationship between social and community level processes and sexual behaviour.

4 Reconceptualising the relationship between individual and social

Any attempt to theorise the relationship between the individual and society needs to take cognisance of the dialectical interaction between individual and society, the analytic inseparability of the individual and social levels of analysis, and the social nature of action.

4.1 Dialectical interaction

It is clear that there are problems with seeing context as something into which someone is 'put', the 'container' of objects and behaviours (Lave, 1996; McDermott, 1996). Cole (1996), drawing on the Latin root of the term *contexere*, 'to weave together', proposes an alternate conception of context which incorporates the dialectical relationship between the individual and context. It recognises that context cannot be *reduced* to that which surrounds but is

a qualitative relation between a minimum of two analytical entities (threads) which are two moments in a single process. The boundaries between 'task and its contexts' are not clear-cut and static but ambiguous and dynamic. (Cole, 1996, p. 135)

Birdwhistell (1970) likens the relationship between context and individual to a rope with fibres:

The fibers that make up the rope are discontinuous, when you twist them together, you don't make them continuous, you make the thread continuous. The thread has no fibers in it, but if you break up the thread, you can find the fibers again. So that even though it may look in a thread as though each of those particles is going all through it, that isn't the case. (cited in McDermott, 1996, p. 274)

This has implications for what one focuses on when analysing a phenomenon or a form of individual behaviour:

It is not just that the fibers are analytically unavailable when one is focusing on the rope, it is that half the fibers do not exist except in contrast to other fibers and other parts of the background. All parts of the system define all the other parts of the system. Without the background, there are neither ropes nor fibers. (McDermott, 1996, p. 275)

In strong contrast to the previous approach, context is not that which surrounds (Cole, 1996). Rather, the relationship between the individual and the social can be understood as shared activity or a socially interactive process in which cultural/contextual and psychological processes cannot be separated. Lave (1996) emphasises the dialectical character of the fundamental relations constituting human experience in which human agency is conceived of as partially determined and partially determining. Humans create, perpetuate, transmit and change culture/context and in turn are changed by these processes. In other words, humans are not simply determined by context, they also create it in a dialectical interaction. Shweder (1990, p. 2) argues that

no sociocultural environment exists or has identity independent of the way human beings seize meanings and resources from it, while every human being has her or his subjectivity and mental life altered through the process of seizing meanings and resources from some sociocultural environment and using them.

For example, as humans, we have created the cultural artefact of condoms to manage the transmission of HIV. Whether or not a couple uses the condom in a sexual interaction, its presence mediates the practice of sex. The presence or absence of the condom defines the act as safe or unsafe sex. From this perspective context is not outside the person nor is the person outside context and the individual and social are inseparable. To understand individual and societal change and transformation Engeström (1999, p. 9) argues that there is a need for an approach that can dialectically link the individual and the social structure.

4.2 The analytic inseparability of the individual and society

Geertz (1973, p. 49) argues that culture, or context, is an essential condition for life:

there is no such thing as human nature independent of culture. Men [sic] without culture...would be unworkable monstrosities with very few instincts, fewer recognizable sentiments, and no intellect; mental basket cases...symbols are thus not mere expressions, instrumentalities, or correlates of our biological, psychological or social existence; they are prerequisites of it.

Culture (or context) provides us with a meaning system within which we act. Shweder (1990) argues that humans inhabit 'intentional' worlds, replete with symbolic systems of meaning. Cognitive processes (the 'mind') cannot be extricated from the historically variable and culturally diverse intentional worlds in which it plays a co-constitutive part (Shweder, 1990, p. 13). It is clear then, as Cole (1996, p. 103) argues, that the 'traditional dichotomies of subject and object, person and environment cannot be analytically separated and temporally ordered into independent and dependent variables'.

The inseparability of the individual and social levels of analysis has significant implications for the nature of action. The HIV and AIDS literature addresses this to a certain degree, but it tends towards a deterministic conceptualisation and does not capture the intertwined nature of the individual and society. In section 3.1.1 above, it was argued that the origin, cause of, or motivation for what we do derives not from the mind of the actor, but from a multiply-determined context (Kelly et al., 2001). It is contingent on context. However, the essential point here is that the nature of our action as humans is social, not just because it is 'related to, or dependent on context, but because it is *not individual*'. This is apparent in the act of condom use to practice safe sex. Condom use is not possible without the co-operation of a partner. However, the social nature of action extends beyond this manifest level. We cannot act in ways which are not already socially possible. As Tolman (1999, p. 82) argued earlier, 'the individual *is* society manifested in a single organism'.

4.3 The social nature of action

As individuals we do not exist in isolation, but rather in a social context. We are 'situated' in a context of social institutions, 'those rules and related patterns of action by which a culture is socially organized' (Doyal & Harris, 1986, p. 78). The rules and social practices are not of our own (individual) making, and yet they play a fundamental role in what might seem to be private and individual actions (ibid). It is in this sense that our 'schemata of possible actions is prefigured' (Kelly et al., 2001, p. 259). Doyal and Harris summarise the significance of this:

The repertoire of actions you perform is therefore like the vocabulary of the language you speak. It is the collective possession of the social group within which those actions are performed and that language is spoken. So, just as the conscious formulation of what you want to say depends upon the prior social existence of language rules in terms of which

words have their meanings, so the conscious formulating of an intention to perform an action depends upon the prior social existence of rules in terms of which actions have their justifications. You can only form an intention to do something that already makes sense to you as something that might be done. (1986, p. 80)

Kelly et al. (2001) argue that we thus choose our individual actions from a repertoire of actions that pre-exists and which is defined socially in the conventions, tradition and rules present in the numerous social roles and institutions which form part of our daily life. This context of conventions exists prior to us and it exists outside of us and our immediate action. It determines what we do, not in a deterministic sense, but in the sense that it affords us our actions. We can only act in ways that are perceived as possible, and rhetorically defensible. For example, the individual's ability to use a condom depends on the social rules available in the context which afford the action. If condom use is a derisory action, if it is not afforded in the context, then it is unlikely that an individual will be able to enact it.

In addition to this, choosing an action means that we choose a course of action which has bound within it conventions about doing and appropriate doing (Kelly et al., 2001, p. 259). For example, when I choose to speak to my partner about safe sex, I do this in the way that is available, within the norms of our relationship (for example, that the relationship does not involve other partners and that talking openly about sex is a normal part of the way that we communicate). I can only talk in the way that is afforded me to talk. We thus enact social roles which we have not generated, we perform actions for reasons beyond ourselves as individuals, and behaviour cannot be said to be individual original or novel (Kelly et al., 2001). We therefore cannot assume that sexual activity is the outcome of individual decision-making processes (ibid). Sex may be private, but it is not individual.

This perspective is, to a limited degree, evident in some of the theorising in the HIV and AIDS literature. Parker (2001, p. 169) argues that social orders structure the possibilities (and obligations) of sexual contact through defining the available range of potential sexual partners and practices; and the sexual possibilities and options that will be open to differentially situated actors. This, in turn is intricately related to the socially and culturally determined differentials in power - particularly between men and women (ibid, p. 169). Sexual experience and thus the conditions under which HIV is transmitted are shaped by these social orders

The fact that our behaviour is neither 'individual' nor 'original' brings into question the possibility of the individual being perceived as agentive. Kelly et al. (2001, p. 258) argue that health behaviour theory gives 'unjustified power of agency' to the actions that we knowingly perform, and to the technologies of self-management that may direct such behaviours. The assumption is that we are agents of our own behaviour (that we have self-agency), and that our behaviours have their origins in us. Harré (1995, cited in Kelly, 2001) rejects the understanding of human agency as arising from an independently active human mind to which capacities of agency are assigned. He argues that action is not the production of individual intentional life but is rather a product of many contingencies which are not products of self-agency. Kelly et al. (2001, p. 258) argue that agency 'resides elsewhere, in predisposing conditions or in the combined action of a complex of contingencies'. Behaviour thus cannot be said to originate in the 'mind' of the actor, and actions are not derived from 'us' as individuals (Kelly et al., 2001). This is a major critique of the rationalist and cognitivist assumptions inherent in the individually-centred behaviour change theories. The reason a person engages in a particular behaviour therefore 'is not carried in the mind of the actor, but is carried in the social model of action that the person adopts with all of its attendant meanings and determinants' (Kelly et al., 2001, p. 254). The individual's ability to be agentive is therefore proscribed by context not in the sense that structure limits agency as discussed above, nor in the sense that the individual is 'affected' by context, but in the sense that individual activity is not 'individual'.

The fact that activity is contingent, and that it is not easy for the individual to manage all the conditions of this contingency, means that actions cannot be directly achieved by the individual (Kelly et al., 2001). This has significant implications for the individual's ability to *change* their health behaviour. Initiating and sustaining behaviour change cannot be solely dependent on individuals and this severely limits the potential of individual 'choice-based' behaviour change approaches (Parker, 2004). The *intentionality* of action cannot 'escape' the socially determined meaning of the action. The intention to use a condom will be contingent on the social modes of action available to the actor. Understanding the action (or lack of action) requires an interpretation of the social practice, in its context of rules and conventions (Kelly et al., 2001).

There are elements of this stance in the HIV and AIDS literature in the emerging emphasis on the 'meaning' of sexual activities in different context. Parker (2001) comments that the

significance of cultural factors in the social dimensions of HIV and AIDS risk lead to a shift in focus from 'behaviour' to the 'meaning' of sexuality in the setting in which it occurred. He comments that it is a movement beyond the identification of statistical correlates aimed at explaining the sexual risk behaviour of an isolated individual to recognising the shared collective character of sexual activity. This shift to the investigation of cultural meanings has drawn attention to the 'socially constructed (and historically changing) identities and communities that structure sexual practice within the flow of collective life' (Parker, 2001, p. 167). The cultural meanings and norms that construct and organise sexual experience affect risk behaviour and the transmission of HIV. Parker (2001) argues that sexual realities are 'constructed' in relation to context, rather than being biological processes which are invariant across context. Kippax (2003) argues that people do not just engage in the mechanical acts of sexual behaviour. One might have sex in a brothel or in a marriage and although the behaviour might be the same, the social and cultural meanings of the practice differ. People thus 'enact sexual practices' (or activities), and they enact these in reference to meaning, they 'make love' or 'have a one-night-stand' (Kippax, 2003, p. 19). It is this meaning that makes sexual behaviour a social practice, mediated by the meanings formed in relations between people. All sexual practice 'is produced and enacted in particular interpersonal, social, historical and cultural contexts' (Kippax, 2003, p. 20). Kippax's (2003) distinction between behaviour and practice is similar to the distinction within the social sciences between responses being purely cognitive and biological (and somehow innate), versus those which are mediated.

This conceptual shift to a focus on norms, values and meanings has had an important effect on intervention designs. Parker (2001, pp. 167-168) argues that recognising action as 'socially constructed and fundamentally collective in nature' has meant that interventions focus more on transforming social norms and cultural values, that is, at 'reconstituting collective meanings in ways that will ultimately promote safer sexual practices (see Altman 1994; Bolton & Singer 1992; Paiva, 1995, 2000)'.

5 Working with 'context'

This review of the dominant behaviour change theories, and the critique of these theories, has revealed a conceptualisation of the nature of human behaviour which emphasises behaviour as

cognitivist, rationalist and individually driven. There is an acknowledgement (to a certain degree) within the HIV and AIDS field that various cultural, social and contextual factors frame, limit and constrain behaviour. However, some of the major assumptions about agency and the relationship between the individual and context have not been adequately addressed.

This conceptualisation of the relationship between the individual and society constrains an understanding of the process of behaviour change and potentially limits intervention design. If achieving 'behaviour change' is premised on inappropriate conceptualisations of the relationship between society and the individual, then it is unlikely to succeed.

From the critique outlined above it seems that the social-individual interface needs to be conceptualised as dynamic, dialectically interactive, and analytically inseparable. Framing the relationship between the individual and society and thus 'behaviour' in this way might lead to an understanding of *how* contextual factors determine responses to the HIV and AIDS epidemic, and how they limit 'individual' ability. It is also necessary to engage critically, and practically, with the notion of context. Moving away from the image of context as that which 'surrounds' or 'causes' behaviour necessitates an epistemological shift. Cultural-historical activity theory (CHAT, or activity theory) introduces critical concepts which dialectically link the individual to the social structure, and enable this shift. In the next chapters I discuss activity theory and demonstrate how the methodology inherent in CHAT-based research provides a unique way of engaging with 'context'. Using an activity theory approach to work with context provides an alternative and useful conceptualisation of behaviour and the possibilities of behaviour change in the field of HIV and AIDS.

Chapter 3 Cultural Historical Activity Theory

1 Introduction

Accounting for a lack of behaviour change in a context with a high HIV prevalence such as South Africa is critical. As outlined in the previous chapter, many of the individual-centred or context-centred theories of behaviour change on which HIV and AIDS interventions are based can be criticised for their cognitive, rationalist, individualist focus or for the way in which they treat context as either a container or a variable. There is a need for a conceptualisation that incorporates an understanding of human behaviour as intrinsically social, and of the interaction between context and the individual as dynamic and dialectical. In this chapter I argue that the philosophical and methodological premise of cultural-historical activity theory⁵ (CHAT) potentially provides an alternative and significant conceptualisation of behaviour which has implications for understanding behaviour change in the field of HIV and AIDS.

2 Cultural historical activity theory

There is no single, coherent, account of cultural-historical activity theory (CHAT). Chaiklin (2001) refers to CHAT as 'weakly institutionalised' by traditional standards of scientific institutions. It is not a cogent body of knowledge, nor a clearly articulated set of ideas that relate as a theory. One cannot read one single text about activity theory because it is not only a theoretical perspective in the sense of a psychological theory, but also a set of metaphysical and epistemological assumptions for how to frame and investigate psychological problems. The basic principles contained in activity theory constitute a general conceptual system which can be used as a foundation for more specific theories. Engeström (1996, p. 97) argues that

⁵ The phrase 'cultural-historical activity theory' is used by many theorists to acknowledge the philosophical and epistemological roots of the 'theory' that is, activity is integrally connected to cultural and historical processes. Within the broad field of 'cultural-historical psychology' (Chaiklin, 2001), reference is also made to 'socio-historical' and 'socio-cultural' all indicating slightly different emphases on the centrality of 'culture', 'history' and the 'social' in the theoretical positions. In this thesis I draw mainly on 'activity theory' as conceptualised within cultural-historical psychology. When the term 'activity theory' is used, the approach of 'cultural-historical activity theory' (CHAT), is implied.

Activity theory is not a specific theory of a particular domain, offering ready-made techniques and procedures. It is a general, cross-disciplinary approach⁶, offering conceptual tools and methodological principles, which have to be concretised according to the specific nature of the object under scrutiny.

In outlining the philosophical and theoretical assumptions of activity theory I draw on the framework used in a web-based course on CHAT⁷ which highlights the key influences on activity theory, many of which are foreign to a 'western' psychological frame. It is these assumptions which provide significant theoretical and conceptual tools to understand processes of change and transformation absent in classic western psychology.

Activity theory has origins in classical German philosophy (from Kant to Hegel), in the writing of Marx and Engels, the Soviet Russian cultural-historical psychology of Vygotsky, Leontiev and Luria, and the work of the Russian philosopher Evald Ilyenkov (Engeström, 1999; Daniels, 2001; Roth & Lee, 2007). The assumptions underlying activity theory reference the concepts of activity, praxis, dialectics, and the 'ideal and the material'. Examining some of these 'revolutionary and philosophical' concepts illustrates the roots of activity theory, and how it has emerged from a particular set of ideas in a particular historical time to be a significantly different approach to the study of behaviour. It also illustrates why it might provide the mechanisms for understanding intervention and change in human behaviour.

3 Revolutionary and philosophical roots

It might seem out of place to refer to Marx in the context of psychology and indeed, Roth (2004, p. 2) argues that 'Marx is hardly ever invoked in the Anglo-Saxon scholarly literature'. However, Marxist thought dominated the discourse of the time in which two of the

⁶ Conferences of the International Society for Culture and Activity Research (ISCAR) include researchers, academics and theorists from a wide range of disciplines including psychology, philosophy, sociology, medical studies, anthropology, occupational therapy, linguistics, history, sociology, education, information technology, and work and organisational studies.

⁷ My main exposure to these assumptions has been through an internet based discussion group set up by the journal of *Mind Culture and Activity*, called XMCA, extended Mind, Culture and Activity (<http://communication.ucsd.edu/MCA/Mail/index.html>). The site has hosted several internet based courses moderated by Prof Michael Cole of the University of California San Diego, one of which I participated in in 2002/2003 (*Approaches to mind: history and contemporary trends*). The course served as a guided discussion through an 'e-text book' a very wide set of readings compiled by Prof Cole, and the list participants. This xmca course is perhaps an example of how 'institutional' formation occurs in the 21st century.

prominent Soviet psychologists (Vygotsky and Luria) lived (Wertsch, 1979). There are two core elements in Marx's theorizing which had an influence on cultural historical activity theory: a dialectical conceptualisation of the relationship between individual and society; and the focus on activity in understanding human behaviour. These ideas echo the main concerns raised in the previous chapter about the conceptualisation of the nature of behaviour and provide a view of psychology that is corrective to the cognitivist, rationalist, individualist and determinist approaches which dominate behaviour change theory.

3.1 The relationship between the individual and society

Soviet psychology was deeply influenced by Marx and Engels' approach to the relationship between humans and reality. One of Marx's concerns was to 'understand the processes by which social and political conditions come into being' (Chaiklin, 1996, p. 392). In order to understand this, Marx had to conceptualise the relationship between the individual and society. Bakhurst (1991) argues that the philosophical 'thinking' of Russia developed in a culture which embodied a powerful anti-Cartesian element which echoed Marx's concern with the relationship between the 'subject and the object'⁸. In a frequently cited statement from the *Theses on Feuerbach*, Marx (1845/1994, p. 116) criticised former conceptualisations of materialism in which:

the concrete thing, the real, the perceptible is considered to be an object of 'perception only and not to be perceptible human activity, or praxis; i.e. it is not considered subjectively.

Marx thus criticised 'mechanical' materialists for focussing on mind and matter as two independent entities, losing sight of the dialectical relationship between the two. Materialists viewed the human being as passively receiving input from the physical and social environment, separating consciousness from activity. Marx argued that human agency needs to be recognised, and consciousness needs to be seen as emerging from the agent's activity in the world (Leontiev, 1975, cited in Wertsch, 1979). Engeström (1987, p. 37) argues that within Marx's conceptualisation the 'organism and environment, man [sic] and society' [were no longer seen as] 'separate entities but as an integral system within which retroactive

⁸ These terms 'subject' and 'object' are frequently used terms in the CHAT literature. They are used partly because of Marx's use of them in discussing how the individual was 'formed' by material conditions. In Marx's use of these terms, they are references to the individual (subject) and whatever is usually seen as 'outside' the individual, the objective 'material' conditions or reality. Within the CHAT literature they also used to refer to the relationship between 'mind' (the cognitive processes of the individual) and society.

causality and internal dynamic transitions prevail. Marx's materialist conception of history applied to the historical development of human beings generated a dialectical conceptualisation of the relationship between the individual and society (Elhammoumi, 2001, p. 207). Elhammoumi (2001) argues that for Engels and Marx the development of the *activity of labour* historically distinguished humans from animals, and had profound effects on the nature of humans and the nature of the world.

3.1.1 The activity of labour

Marx's theorising of the activity of labour contains a fundamentally dialectical conception of the relationship between people and context. Drawing on Engels, Leontiev (1981) argues for the dependence of labour on the use and making of tools. Davydov (1999, p. 40) argues that 'the initial form of activity is the production of material tools that help people produce objects satisfying their vital needs'. In the process of human labour, features of one natural object are used as tools for acting on other objects, for example, a hammer made of iron and wood, is used to construct a chair. Cole (1996) highlights Engels' distinction between humans and animals in relation to tool use. Apes 'use' tools, that is, they *use* nature, but their tool use is different from that of humans. Through the activity of labour, humans *master* nature. They actively appropriate their surroundings to their own goals, incorporating 'auxiliary means' (such as tools/artefacts, and people) into their actions (Cole, 1996). Labour is thus human activity *that changes nature*. In Marx and Engels' theorising, this process of tool production and tool use made humans creators and transformers of nature, and not merely products of evolution, or assimilators of culture (Engeström, 1987).

The activity of labour also has particular characteristics which are fundamental to its role in the formation of human consciousness. The Marxist frame assumes that 'we are *constituted* ... *by* our practical activity, in particular by our participation in social and historical practices' (Tolman, 2001, p. 91). To understand this we need to examine Marx's articulation of the relationship between the 'object' and the 'subject'. In the cultural-historical activity of humans various aspects and properties of reality (e.g. pieces of wood) are actively turned by the 'subject' into the 'object' (e.g. the chair). However, the object, or what is produced in that activity, 'is not something 'merely' external, and indifferent, to the nature of the producer. It is his [sic] activity in an objectified or congealed form' (Bernstein, 1971, p. 44, cited in Cole,

1996, p. 137). Soviet theorist, Evald Ilyenkov's articulation of the relationship between the material and 'the ideal' elaborates this idea.

3.1.2 The relationship between the material and the ideal

Jones (2001, p. 285) argues that in contrast to the biological and reductionist approach of cognitive science which focuses on 'the source of the properties and forms of human cognition in the structure of the brain', the problem of the 'ideal' concerns the possibility of a materialist explanation of the nature and origins of spiritual or 'non-material' phenomena, in the material world. In other words, it provides the means to understand the origin of human consciousness in the material reality of the world.

Ideality is a particularly human phenomenon and results from the activity of humans in the world. Referring to Marx, Jones (2001, p. 282) argues that

the crux of the problem has to do with the dialectic process through which human productive activity necessarily generates images of itself which are objectified in *ideal* or symbolic forms and come to have an essential role within that activity.

Bakhurst (1996, p. 214) provides the following example:

An inanimate lump of matter is elevated into a tool through the significance with which it is invested by activity. It stands as an embodiment of human purpose in virtue of the way it is fashioned and employed by human agents.

One can see this in the creative process of making a sculpture. Through the activity of the artist Michelangelo, an inanimate piece of marble becomes an image of a woman and a man. Yet it is not 'just' the image of a woman and a man, it is the 'Pietà', invested with religious significance. Bakhurst (1996, p. 214) continues: 'the artefact created through the manipulation of matter by tools is, Ilyenkov argues, more than merely material because of the meaning it derives from incorporation into human practice'. The activity of the artist elevates the material form into a symbolic tool 'it becomes 'more than' material. In this way, our acting on the world endows the natural environment with meaning; the natural world 'comes to embody non-material properties as objectified forms of social activity...' (Bakhurst, 1996, pp. 213-214).

Our activity in, and with, the world thus creates a plane of reality, 'the ideal' which includes values, reasons, thought, psychological processes, artistic expression, ethical norms, political ideals and other forms of social consciousness (Bakhurst, 1996; Jones, 2001). The ideal is

expressed, or objectivised, in such things as sculptures, drawings, models, a coat of arms, or credit notes such as IOUs (Ilyenkov, 1977b, cited in Jones, 1998). For example, plastic beads strung together in a brooch, in the format of a red ribbon (see Figure 8 below), come to symbolise a particular stance in relation to HIV and AIDS through the activity of being worn.



Figure 8. Beaded brooch with AIDS ribbon

In being created as an embodiment of purpose and incorporated into life activity in a certain way “being manufactured for a *reason* and put into *use*” (Bakhurst 1991, p. 182, cited in Cole, 1996, pp. 117-118), the AIDS brooch acquires a significance. Importantly, this meaning, embodied or sedimented in objects [tools/artefacts] as they are put into use in social worlds (Daniels, 2001, p. 21), comes to act *on us*. In Figure 9 below, child participants in an intervention which aimed to mobilise a collective response to the HIV epidemic, painted the HIV ribbon on their faces for the final, public event (Kelly, Ntlabati, Oyosi, Van der Riet & Parker, 2002).



Figure 9. Child participants in an HIV and AIDS community mobilisation with AIDS ribbon on their faces (photograph courtesy of Kevin Kelly and the participants)

It is in this way that through exerting an influence on nature through activity, humans change the external world, but significantly, they also change their own nature (Engeström & Miettinen, 1999). Wartofsky explains this through his discussion of artefacts which he defines as 'objectifications of human needs and intentions already invested with cognitive and affective content' (1973, p. 204, cited in Cole, 1996, p. 121). He highlights the dialectical nature of this process, and the way in which we as humans are fundamentally affected by our artefact use:

... our own perceptual and cognitive understanding of the world is in large part shaped and changed by the representational artifacts we ourselves create. We are, in effect, the products of our own activity, in this way; we transform our own perceptual and cognitive modes, our ways of seeing and of understanding, by means of the representations we make. (Wartofsky, 1979, pp. xx - xxiii)

In activity, in the transformation of the object, the content of objective reality is reproduced in the human mind. The 'subjective' is thus not the inner (psychic) state of the subject, in contrast to the object, but is *derivative* from the subject's activity. For example, in the activity of writing this thesis (transforming this object) I come to a different understanding of the concepts which I initially used in the research process. It is in this sense that we are, as argued earlier, *constituted by* our practical activity (Tolman, 2001).

A significant dimension of this is that this activity is social. Labour is performed 'in conditions of joint, collective activity' and it is only through this 'relation with other people' that we relate to nature (Leontiev, 1981, p. 208). Labour activity also has an historical and social character because it takes place in a particular set of historical and social relations. Marx's concrete and dialectical conceptualisation of 'practical activity' was significant because he situated activity

both in human needs, natural and cultural, and in the societal relations of historically conditioned social practices. Moreover, activity was conceived as constituted by societal relations, and thus as constituting the individual, but also as individuals' means of constituting societal relations, and thus also of constituting themselves. (Tolman, 2001, p. 91)

This social nature of labour has implications for the conceptualisation of the human nature. If humans are *constituted* in this practical, social activity, this links activity, mind and society. Elhammoumi states:

human higher mental functions, consciousness and activity *are grounded in historically organised human activity*. Human forms of thought and consciousness are framed and shaped by the social relations of production. (2001, p. 207, emphasis added)

This is the foundation of Marx's conclusion that "activity and mind, both in their content and in their mode of existence, are social: social activity and social mind" (Marx 1844/1964, p. 137, cited in Tolman, 2001, p. 84). This assumption that our higher mental functions (or the cognitive processes which are not automatic) are intrinsically *social*, rather than *individual*, is fundamental to the theoretical framework of CHAT. Jones (2001, p.286) argues that the development in an individual of "the capacity to think and act consciously is a result of participating in forms of practical social activity mediated by ideal images". "Mind" has thus historically "emerged" in the joint mediated activity of people, and therefore cannot be innate, predetermined, or merely determined by context (Elhammoumi, 2001).

The dialectical conception of the individual-social relationship has significant implications for focussing a study of human action. Engeström and Miettinen (1999, p. 5) argue that "human nature is not found within the human individual but in the movement between the inside and outside, in the worlds of artefact use and artefact creation". Understanding human behaviour therefore lies in a "concrete examination of the dynamic of the real social life process itself" (Jones, 2001, p. 286), practical social activity.

3.2 A focus on activity

For Soviet psychologists, the philosophy of Marx and Engels highlighted the "essence of humanity" as being in the process of creation through labour (Engeström & Miettinen, 1999, p. 5). Elhammoumi concludes that "the whole of human psychological phenomena including human consciousness is *derived from socially organised practical activity*" (2001, p. 203, emphasis added). Activity is then not just "what an organism does. Rather, the organism consists in its activity. Activity is the mode of existence by which organisms establish themselves as subjects of their life processes" (Fichtner, 1999, p. 55). In the process of activity, "humans put their social relationship to the world, and to themselves, into practice" (ibid, p. 61). "Activity" thus emerges as the medium, outcome, and precondition for human thinking (Cole, 1996).

The philosophical elaboration of the concept of activity embodied in these theories is clearly significantly different from that of empiricist social science (Tolman, 1999). It grounds the analysis of human psychological functions in the everyday, concrete, life activities of humans (Cole, 1996). This implies a focus on the "concrete social structures in which persons form

meanings; socially organised practical activity (social systems, ideologies), and the principles of the division of labour which govern human action (Elhammoumi, 2001, p. 205). Research on activity needs to be directed to an analysis of the relevant forms of symbolic mediation, to the developmental dynamic of those activities in which they are generated and function, and to take into account the dialectical interconnections between different social practices within the social process as a whole (Jones, 2001).

Outlining the philosophical and revolutionary roots of cultural-historical activity theory thus provides a significantly different, non-dualistic conceptualisation of the individual-society relationship which contrasts with that portrayed in much of the behaviour change theory used in the HIV and AIDS field. The metatheoretical stance within CHAT directs the focus of study to activity. But what exactly is this concept of activity and how does one engage with it beyond this metatheoretical level?

This notion of activity has been developed over what has been referred to as the lineage (Engeström, 1987) of CHAT. Examining these distinct phases or generations (Engeström & Miettinen 1999; Daniels, 2001; Roth & Lee, 2007) articulates developments within the conceptual framework, and illustrates the methodological principles of CHAT. A discussion of each of these developments in CHAT also lays the foundation for the activity system analysis approach adopted in this thesis.

The first phase of activity theory centres on the work of Lev S. Vygotsky and articulates the notion of mediation. In the second phase of activity theory Aleksei N. Leontiev elaborated Vygotsky's work to incorporate societal, cultural and historical dimensions into an explication of human mental functioning and the concept of activity (Stetsenko, 2003; Roth & Lee, 2007). Yrjö Engeström's work signifies a significant development on Leontiev's theorising and addresses the collective-institutional challenge through the concept of activity systems. This could be seen as a third phase in the evolution of the theory. More recent theoretical development of conceptual tools to understand dialogues, multiple perspectives and networks of interacting activity systems, such as boundary crossing (Y. Engeström, R. Engeström, & Kärkkäinen, 1995), co-configuration (Engeström, 2004), and knotworking (Y. Engeström, R. Engeström, & Vähäaho, 1999), could be argued to constitute a fourth phase of activity theory. This thesis draws predominantly on activity system analysis expressed by Engeström

in this third phase of CHAT and therefore the first three phases of activity theory will be discussed below.

4 The first phase of CHAT: Vygotsky and the concept of mediation

As outlined in the section above, in the epistemological debates of Vygotsky's time, mind and consciousness were reduced to a system of behavioural responses (a combination of conditioned reflexes) (Davydov & Radzikhovskii, 1985). This is demonstrated in the work of Pavlov and behaviourism. Soviet psychologists such as Vygotsky, amongst others, grappled with the question of how one investigates psychological phenomenon without reducing them to the psychology of individual cognition, nor by moving solely into the realm of sociology and societal structures. In order to study the genesis of human consciousness there was a need to conceptualise the link between objective reality (the external world) and consciousness (Davydov & Radzikhovskii, 1985). Marxian theory provided Vygotsky with a model of a dialectical relationship between social and individual levels which allows for levels of explanation without direct reduction of one to the other (Wertsch, 1979; Chaiklin, 2001). Marx's conceptualisation of the development of human consciousness through concrete human praxis mediated by tools formed the framework for Vygotsky's explanatory principle. The linking of thinking and being within the 'dynamic of social productive activity' (Jones, 2001, p. 285), formed the basis of the *mediational conception* of human mind in which humans relate to the world indirectly, through 'things', through 'ideas' and through things that were part of the experience of earlier generations (Cole, 1996). Vygotsky articulated this distinctive triadic and mediated relationship between subject-medium-object (Cole, 1996).

4.1 Mediation

Engeström (1987, p. 40) argues that Vygotsky's focus on mediation as the central feature of human activity is the key concept that 'profoundly differentiates activity theory theoretically from other theories of human behaviour'. This concept plays a significant role in addressing dualistic conceptions of individual and society or, in Vygotsky's terms, 'mind and society'. Evidencing the Marxian ideas presented above, Vygotsky (1978) identified two main, interconnected features that define the nature of human psychological processes, and which

are therefore fundamental for psychology. These were, firstly, its tool-like (instrumental) structure, and secondly, its inclusion in a system of interrelations with other people.

Vygotsky's (1978) theory emerged in response to the assumption of a direct relationship between a stimulus and a response (S-R). He argued that the relationship between the human subject and an object is never direct, but always mediated by cultural means or artefacts (tools and signs). This is the essence of mediation which is embodied in the triangular representation of the mediated act (see Figure 10 below). The diagram on the left represents the classic S-R relationship. Here the stimulus is mediated by X to become R. In the commonly used reformulation of this model (diagram on the right), the interaction between subject and object is mediated by the auxiliary means of tools and signs. In this model actors and their intentions are related to particular outcomes achieved using certain tools (Daniels, 2001).

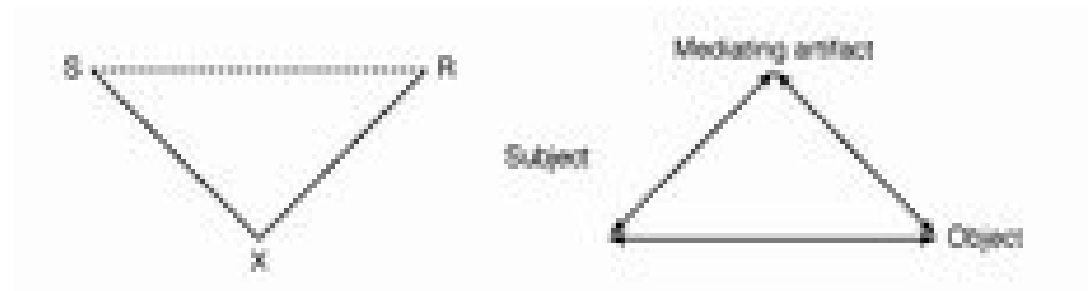


Figure 10. Vygotsky's model of a mediate act and its common reformulation (from Engeström, 2001, p. 152)

This mediation of human activity has particular effects. Vygotsky (1978, p. 40) argues that "the use of signs leads humans to a specific structure of behaviour that breaks away from biological development and creates new forms of a culturally-based psychological process". That is, it is not just that tools in symbolic or practical form mediate activity, but this mediation of activity in turn mediates mental functions. The mediational means (tools and signs), transforms the psychological operation to higher and qualitatively new forms (Vygotsky, 1978).

Cole (1996) elaborates on the way in which the use and creation of tools (or artefacts) played a significant role in the development of the human species (phylogenesis), and in the development of the human mind (ontogenesis). He argues that "human psychological processes emerged simultaneously with a new form of behaviour in which humans modified material objects as a means of regulating their interactions with the world and one another"

(Cole, 1996, p. 108). For example, through the development of language (a particular kind of $\neg\text{tool}\emptyset$), humans experience a qualitatively new form of mediation (symbolic mediation), which changes the nature of being human. Through the use of these artefacts, the development of humans moved away from a dependence on what Cole (1996) refers to as *natural, unmediated, lower mental functions*, to *cultural, mediated, higher mental functions*. Writing and technology are further examples of significant new forms of mediation which create new forms of $\neg\text{mind}\emptyset$ and facilitate new forms of human interaction.

Vygotsky suggested three classes of mediators: mediation through the activities of, and with, other people in sociocultural settings (for example, another individual acting as a mediator of meaning); technical/material tools which are used to bring about changes in other objects (for example, a saw cutting through wood, a pen making marks on a paper, or a computer keyboard recording the writing of text); and psychological tools, devices for mastering mental processes which have a social origin (for example, tying a knot in a handkerchief as a reminder, or using language to create an understanding of HIV as a virus). These psychological tools create links through an \emptyset artificial combination of stimuli \emptyset (Vygotsky, 1978, p. 51) thus affecting $\neg\text{mind}\emptyset$ and behaviour. As Vygotsky explains, in the process of tying a knot in a handkerchief as a reminder, the person constructs the process of memorizing. By forcing \emptyset an external object to remind her of something; she transforms remembering into an external activity \emptyset (Vygotsky, 1978, p. 51). What is critical about this perspective is that the nature of being human is seen as constructed through, and dependent on, this ability to act through the means of artefacts.

There is an additional significance in the concept of mediation. The mediating tools/artefacts are not original but are the social products of human cultural historical activity. Daniels (2001, p. 17) argues there is a \emptyset sedimentation of cultural historical legacies \emptyset in psychological tools. For example, the word *iqoks* in *isiZulu* is a reference to something being $\neg\text{thin}\emptyset$. It is most commonly used as a colloquial and derogatory reference to HIV. The socio-cultural and historical context of the disease links the prejudice and discrimination of the activity of sex work, the fact that sex workers sometimes wear shoes with high, $\neg\text{thin}\emptyset$ heels, and the fact that one becomes very thin in the last stages of the AIDS illness. Through the mediation of activity artefacts such as language connect humans not only with the world of objects, but also with other people. The social nature of artefacts thus has the effect of making mind $\neg\text{social}\emptyset$. For example, for an infant, pointing is initially a meaningless grasping motion.

However, as people react to the gesture, the movement assumes a meaning. The origin of this meaning is thus not within the infant, but emerges through a social mediation. In Vygotsky's terms, inter-psychological processes (such as the use of language between people), become internalised through the process of mediation in activity, to form the basis of intra-psychological processes (the child's awareness that to point is to potentially make things happen in the world). This is the basis of Vygotsky's (1978, p. 57) claim that 'all higher functions originate as actual relations between human individuals'. Human nature is thus not merely 'affected by, or impacted upon, by social or contextual forces as in a dualistic conception. In a much quoted phrase, 'humans' psychological nature represents the aggregate of internalised social relations that have become functions for the individual and forms of the individual's structure' (Vygotsky, 1981, p. 164). Human nature is *essentially* social.

The concept of mediation thus invalidates the notion of a human nature determined through external forces, or determined by internal biological processes, and these are critical issues which counter the theoretical stance within the dominant behaviour change theories. As Engeström (1999, p. 29) argues, inherent in the notion of mediation is the view that humans can 'control their own behaviour not 'from the inside' on the basis of biological urges, but 'from the outside' using and creating artefacts'. In contrast to a determinist argument, human beings master themselves, and are active agents in their own development, through the use of external symbolic, cultural systems rather than being subjugated by, and in, them (Daniels, 2001). However, in contrast to the assumption in many of the behaviour change theories, this is not the presumption of free will or volitional control. Humans are not individually agentic separate from context. In this framework their action is interdependent with context. As Daniels (2001) argues, through the process of mediation, the individual acts on, and is acted upon, by social, cultural and historical factors. This is a significantly different conceptualisation of the relationship between 'external' factors and 'individual' behaviour which is found in the HIV and AIDS literature. Vygotsky's theory thus makes a specific contribution to reconceptualising theories of behaviour change.

4.2 Vygotsky's theory and 'behaviour change'

Vygotsky's theoretical constructs provided psychology, and the social sciences, with a relatively new way to theorise interpersonal and intrapersonal processes. Cognitive processes

do not reside inside the heads of individuals and the mental acts of the individual alone are not the primary force (or 'impetus') behind thought and behaviour. In fact, the extent to which 'cognitive' action is a 'private and 'internal' mental process, is a function of the manner in which individuals are located as participants in culturally mediated practices (Engeström & Middleton, 1996, p. 4). Vygotsky's theory highlights the concept of activity based on material production, mediated by technical and psychological tools as well as by other human beings. This has major implications for the way in which one theorizes individual behaviour and the ability of individuals to engage in changing their behaviour. 'Cognition' or reasoning (as is the focus in the HIV and AIDS literature), is only analysable as distributed in the activity between individuals, and between humans and their artefacts (Cole & Engeström, 1993). As was outlined in the section on the Marxist roots of CHAT, practical human activity plays a central role in understanding and explaining human behaviour. In Vygotsky's terms, the category of human activity (rather than individual cognition, or 'context') plays the role of general explanatory category (Davydov & Radzikhovskii, 1985). The fact that human mind develops within human social activity means that it can only be understood within the context of the meaningful, goal-oriented, and socially determined interaction between human beings and their material environment. Human practices (such as sexual practices), and 'individual' human agency are analyzable only in relation to the activity of which they are a part. In addition to this, Daniels (2001, p.1) argues that Vygotsky's mediational model lies at the heart of many attempts to develop our understanding of the possibilities for intervention in processes of human development.

Although Vygotsky formulated practical human labour activity as a general explanatory category in psychology, he did not distinguish sufficiently between individual action and collective activity. Some have argued that he privileged sign or semiotic mediation (Roth & Lee, 2007). The second phase of CHAT theorising moved beyond Vygotsky's focus on individual action, to integrate agent, world and activity (Engeström, 1987). This is epitomised in the work of A.N. Leontiev.

5 The second phase of CHAT: Leontiev, from action to activity

For Leontiev, Marx's concept of labour (the production of use values), was the 'paradigmatic model of human object-oriented activity' (Engeström & Miettinen, 1999, p. 3). Drawing on

Marxian thought Leontiev focussed on historically evolving object-practical activity as the fundamental unit of analysis and explanatory principle that determines the genesis, structures, and contents of the human mind (Roth & Lee, 2007, p. 189). In this notion of activity Leontiev distinguished between individual actions and collective activity. Engeström (1987, p. 66) captures the significance of Leontiev's position that we may well speak of the activity *of the individual*, but never of *individual activity*; only actions are individual. Echoing the position of Marx articulated earlier, Leontyev (1981, p. 208) argues:

Only through a relation with other people does man [sic] relate to nature itself, which means that labour appears from the very beginning as a process mediated by tools (in the broad sense) and at the same time mediated socially.

The distinction between action and activity is revealed in Leontiev's focus on levels of human functioning.

5.1 Levels of activity

In illustrating his conception of levels of activity, Leontyev (1981, p. 210) uses the image of a collective hunt in which an individual's actions will not necessarily have the same goal as the overall motive of the collective activity:

When a member of a group performs his [sic] labour activity he also does it to satisfy one of his needs. A beater, for example, taking part in a primeval collective hunt, was stimulated by a need for food, or perhaps, a need for clothing, which the skin of the dead animal would meet for him. At what, however, was his activity directly aimed? It may have been directed, for example, at frightening a herd of animals and sending them toward other hunters, hiding in ambush. That, properly speaking, is what should be the result of the activity of this man. And the activity of this individual member of the hunt ends with that. The rest is completed by the other members. This result, i.e. the frightening of game, etc. understandably does not in itself, and may not, lead to satisfaction of the beater's need for food, or the skin of the animal. What the processes of his activity were directed to did not, consequently, coincide with what stimulated them, i.e. did not coincide with the motive of his activity; the two were divided from one another in this instance. Processes, the object and motive of which do not coincide with one another, we shall call *actions*. We can say, for example, that the beater's activity is the hunt, and the frightening of game his action.

In the division of labour essential to this activity, individuals engage in separate actions with immediate goals. Leontyev (1981) argues that to understand why these separate actions are meaningful, one needs to understand the broader motive behind the whole activity. The result of this activity is connected to its outcome through relations with other members of the group. It is the

activity of other people that constitutes the objective basis of the specific structure of the human individuals' activity, [which] means that historically, i.e., through its genesis, the connection between the motive and the object of an action reflects objective social connections and relations rather than natural ones. (Leontyev, 1981, p. 212)

In Leontiev's distinction between individual *action* and collective *activity* he further articulates the relationship between an activity of the individual and collective processes, what in the HIV and AIDS literature might be presented as context, or social factors. In his representation of the levels of activity (see Table 5 below), and drawing on his example of the hunt, Leontiev argues that collective activity is driven by an object-related motive (to obtain food); the middle level of individual (or group action) is driven by a goal (to drive the animal away from us to those who will kill it); and the bottom level of automated operations is driven by the conditions and tools of action at hand (the objective circumstances under which the hunt is carried) (Engeström, 1987).

Object-related <i>motives</i>	DRIVE	collective <i>activity</i>
<i>Goals</i>	DRIVE	individual or group <i>action</i>
<i>Conditions</i> and tools	DRIVE	automated <i>operations</i>

Table 5. Leontiev's levels of activity (based on Engeström, 1987)

Leontiev (1978) thus elaborated on the notions of 'object' and 'goal' and the centrality of the object to an analysis of motivation. Individual action is managed, or driven, by a goal, but a collective activity is driven by an object. This is again a particular conceptualisation of the relationship between individual and social and has methodological implications when studying human behaviour. A focus on *activity* means one needs to focus on the 'object' not on the level of individual action and goal. It is this object which is related to collective activity and in which the individual's 'action' is embedded.

From Leontiev's theorising, this notion of object starts assuming a central significance in understanding activity. What is important at this point is to highlight that in Leontiev's theory 'what distinguishes one activity from another is its object' – the object of an activity is its true motive' – (Engeström, 1987, p. 66). This leads to a focus within CHAT theorising on 'object-oriented activity' which is taken up in the third phase of the evolution of CHAT.

Engeström (1987) argues that this extension of the sphere of analysis from individual tool-mediated action (presented by Vygotsky), to consider the individuals' actions within the overall collective activity, provides a more nuanced and detailed conceptualisation of the relationship between agent, world and activity. However, Leontiev's work did not address how the levels of activity interact as components of a system (Engeström, 2004).

6 The third phase of CHAT: Engeström, activity systems

The third phase of activity theory is epitomised by the work of Yrjö Engeström, a Finnish psychologist based at the Centre for Developmental Work and Activity Theory at the University of Helsinki. His critique of earlier theorising of activity is that it focused on the analysis of individual experience as if it consisted of relatively discrete situated actions and it under-theorised the notion of 'context' (Engeström, 1996). Leontiev's work articulated the levels of human activity, but did not express how these might relate as components of a system (Engeström, 2004).

Engeström (1987) has argued that theories of action need to account for the artefact-mediated, or cultural, aspects of purposeful human behaviour; the socially distributed or collective aspects of purposeful human behaviour; and the continuous, self-reproducing, systemic, and longitudinal-historical aspects of human functioning. The first of these has been addressed through Vygotsky's theorising and Engeström has made a significant contribution to the second two: the socially distributed and collective aspects of action/activity; and the systemic, dynamic and historical aspects of activity.

This third phase of the evolution of CHAT has been defined as the 'collective and institutional challenge'. This is because it has recognised that:

Activities do not exist in isolation; they are part of broader systems of relations in which they have meaning. These systems of relations arise out of and are reproduced and developed within social communities which are in part systems of relations among people. (Lave & Wenger, 1991, p. 53)

Activity is thus seen as a 'collective, systemic formation that has a complex mediational structure' (Daniels, 2001, p. 86). *Joint activity* or practice, rather than individual activity

therefore becomes the focus. In Engeström's (1996, 1999) theorising, and the work of activity theorists in the third phase of the development of CHAT, the unit of analysis is the entire activity system, it is the *object-oriented, collective, and culturally mediated human activity, or activity system* (Engeström & Miettinen, 1999, p. 9).

The significance of Engeström's conceptualisation of activity as a collective activity system is that it fundamentally reframes the concept of context. Engeström (1996, p. 67) argues that for activity theory

contexts are neither containers nor situationally created experiential spaces. Contexts are activity systems. An activity system integrates the subject, the object, and the instruments (material tools as well as signs and symbols) into a unified whole.

This concept of context is thoroughly relational. The system, or given objective context, is not immutable. It is not *something beyond individual influence*, rather it is *continuously constructed* by humans in their activity (Engeström, 1996, p. 66). Engeström (1987, p. 160) rephrases the focus of social science researchers:

Instead of asking how the individual subject developed into what he [sic] is, the [researcher] might start by asking how the objects and structure of the life-world (themselves understood as activity systems) have been and are created by human beings, how something objectively new is developed all the time! individuals are seen as co-producers of societal and cultural development and only indirectly as producers of their own development.

Given this dialectical relationship between the individual and *setting*, the system and context of actions (in the form of socio-institutional, cultural and historical factors), need to be described and accounted for, and not ignored (as is often done in psychological studies), or seen as immutable (which is the case in deterministic accounts of social processes).

In providing a different conceptualisation of human activity, Engeström (1987) argues that a model of human activity must enable a focus on systemic relations between the individual and the outside world. To this end, he has created a model of an *activity system*

6.1 Model of an activity system

In building the model, Engeström (1987) begins with Vygotsky's basic representation of the mediated act (see Figure 10 above), and includes the subject, the object, the outcome, and mediating artefacts (signs and tools). Engeström (1987) argues, however, that through the

model, activity must be analysable as a contextual and mediated phenomenon, in its inner dynamic relations and historical changes. This analysis must therefore be located in the rules and structures of the social world which organise and constrain the activity (Engeström, 1996). He therefore elaborates Vygotsky's model by drawing on Marx's conception of the activity of labour in which production, distribution, exchange and consumption were dominant aspects. In the process of production, objects which correspond to needs are created. These are divided up according to social laws (distribution), and individual needs (exchange), and in consumption the object becomes a direct object of the individual need (Marx, 1973, cited in Engeström, 1987). Following Marx, Engeström (1987) argued that human activity is always governed by a division of labour, by rules, and by the individual's membership of a particular group of people. He therefore incorporates 'rules', 'community' and the 'division of labour' into the model of an activity system (Engeström, 1987; Cole & Engeström, 1993). This is illustrated in Figure 11 *The model of an activity system* where 'rules' have been added to the bottom left of triangle, 'community' to the bottom centre of triangle, and 'division of labour' to the bottom right of triangle.

In insisting that action exists only in relation to rules, division of labour, and community, Engeström (1987, 1996) expands the unit of analysis for studying human behaviour from that of individual activity to a collective activity system which incorporates psychological, cultural and institutional perspectives in analysis. In this conceptualisation, contexts (activity systems) are inherently related to the 'deep-seated material practices and socioeconomic structures of the given culture' (Engeström, 1996, p. 66).

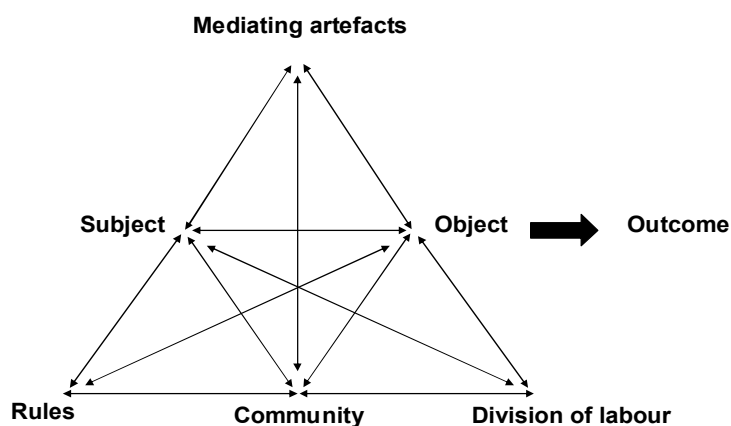


Figure 11. The model of an activity system (based on Engeström, 2001, p. 135)

6.1.1 Components of the activity system

The minimum elements of the activity system are the subject, object, outcome, mediating artefacts (tools and signs), the rules, community and division of labour (Engeström, 1996). In the activity system an activity is the engagement of a subject towards a certain goal. The *subject* refers to the individual whose agency is chosen as the point of view in the analysis. In the activity, the *object* is moulded or transformed into *outcomes* by the subject.

Engeström (2005, p. 10) argues that the *object* is a complex ‘phenomenon’

The object is more than a fixed material thing: it needs to be forged, it changes hands, it generates passions and struggles, it is fragmented and collected. It is elusive, yet everywhere. It is a horizon of possibilities. í (it) is at the core of the object of any and every productive activity.

To understand the concept of the ‘object’ it is useful to return to Leontiev’s theoretical conceptualisation of the differences between individual action and collective activity.

Individual action is driven by a goal (to chase the prey away, into the hands of the hunters), whereas collective activity is driven by an object-related motive (to obtain food). Leontiev argues that ‘the object of an activity is its true motive’ and it gives the activity a determined direction (1978, p. 62). This *motive* may be either physical (present in perception), or ideal (existing only in imagination or in thought) (ibid). The object of the activity thus has a dual nature:

(first) its independent existence as subordinating to itself and transforming the activity of the subject; second, as an image of the object, as a product of its property of psychological reflection that is realized as an activity of the subject. (Leontiev, 1978, p. 52)

In the classic language of Marx and Engels, and with reference to labour activity as the process of production, activity ‘produces the object of consumption in its external form í consumption [also] considers the object in an ideal form, as an internal image, as a need, as an attraction and as a goal’ (Davydov, 1999, p. 40 citing Marx & Engels, 1968, p. 28). As Jones (2001, p. 290) argues, human productive activity

constitutes a whole social system of socially and historically developed practices of producing a real product and of producing the product ‘in the head’ (i.e. as an image, a design, an aim or goal expressed in a specially created object).

The ‘ideal’ can thus be conceived of as ‘the idea, the conscious goal or aim that people work towards and realize in the course of labour activity’ (Jones, 2001, p. 287), for example, the design for a house drawn up by an architect which exists before the house exists. Jones (2001)

draws on Marx's comparison of the activity of a bee and the activity of an architect⁹. For an architect, the design is the *real* house in an *ideal* form. Its

ideality is a function of its role within the house-building process. The activity of building the house, in the course of which the plan is concretized as it is realized, constitutes the real unity of ideal and material within social production. (Jones, 2001, p. 287)

In other words, in this activity the *idea* of what the object is, is instantiated. The ideal is *realized and emerging in* activity, *the transforming, form-creating, activity of social beings, their aim-mediated, sensuously objective activity* (Ilyenkov, cited in Cole, 1996, p. 117).

In more simple terms, the activity of humans generates the ideal or the *symbolic* form which then comes to have an essential role within that activity. Our activity is then directed towards this ideal form. Engeström, Y., Engeström R. and Suntio argue, for example, that the

general object of teachers' work is students *or more accurately, the relationship between students and the knowledge they are supposed to acquire. The students are for teachers never merely raw material to be molded. They are the reason for coming to work, for agonizing about it, and for enjoying it.* (2002, cited in Engeström, 2005, p. 385, emphasis added)

The *object* in the activity system is thus *the internal image, a need, or an attraction* (Davydov, 1999, p. 40). It is that which the subject *aims at* and works towards, and realizes in the course of activity (Jones, 1998). The object in an activity system therefore refers to the *raw material* or *problem space* at which the activity is directed. The *subject* and *object* form a dialectical unit (Roth, 2004). The *object* motivates the *subject* in an activity, and the subject's activity is then directed towards this ideal form. Leontiev argues for *the object-oriented, artifact-mediated activity system* as the key foundational unit of analysis in activity-theoretical research. The key to understanding activity systems is their object-orientedness, or objectiveness (1978, p. 62).

In the activity system the object is moulded or transformed into *outcomes* with the help of physical and symbolic external and internal *tools* (mediating instruments and signs).

Wartofsky's (1979) three levels of artefacts assist in explaining the concept of mediating instruments or artefacts. In his conceptualisation, primary artefacts are those used directly in the production of material goods and social life, such as needles, clubs, writing instruments,

⁹ Marx comments: *But what distinguishes the most incompetent architect from the best of the bees, is that the architect has built a cell in his head before he constructs it in wax. The labour process ends in the creation of something which, when the process began, already existed in the worker's imagination, already existed in an ideal form* (Marx, *Capital*, in Ilyenkov, 1974/1977a, pp. 276-277, cited in Jones, 2001, p. 287)

and telecommunications networks (Cole, 1996). In the activity of sex, a primary artefact could be a condom. Secondary artefacts are representations of primary artefacts, and of modes of action using primary artefacts, for example, traditions, beliefs, recipes, norms and constitutions. These play a central role in 'cultural transmission' preserving and transmitting modes of action and belief (Cole, 1996), for example, a ring, a cross, or the red ribbon in HIV and AIDS advocacy. Tertiary artefacts are the imaginative, integrative representational structures in terms of which humans attempt to understand the world and their existence in it. They include myths, works of art, schemas and scripts, theories and models, and imagined worlds (Cole, 1996). In the activity of sex, for example, these could be conceptualising HIV infection as a result of a virus, or as a bewitchment. The mediating instruments and signs in an activity system can thus be ideal or material.

In an activity system the *community* refers to the group of actors who are engaged in joint activity or practice, and who have a common object of activity; they are motivated by the same general *object* (Engeström, 1996). Lave and Wenger's (1991) articulation of a 'community of practice' is useful here. They argue that activity systems exist in 'a set of relations among persons, activity, and world' (ibid, p. 98), what they refer to as 'communities of practice'. They argue that the term 'community' is not a reference to some rudimentary culture-sharing entity; nor a reference to a well-defined, identifiable group existing within socially visible boundaries. The term 'community' implies participation, on multiple levels, in an activity system about which participants 'share understandings concerning what they are doing and what that means in their lives and for their communities' (ibid.). Members of communities of practice may participate in activity systems, but they might also have different interests and viewpoints within this system (Lave & Wenger, 1991). Cornish (2004, p. 287) provides an operationalisation of the concept of community which she argues 'relies neither on geographical nor on social-identity boundedness but considers that a 'community' is constituted out of repeated patterns of interaction around a particular activity'.

The *rules* component of the activity system incorporates implicit and explicit norms, rules, conventions and regulations that constrain actions within the activity system and which epitomize power and constraint. There are norms, conventions and regulations which may be implicit, without written formulations, for example, the convention of standing up when someone enters a room, or the norm of greeting someone when they pass you on the street. There are some 'rules' which are extremely formalised, for example, health practitioners in

South Africa are by law not allowed to disclose the HIV status of a patient. Discrimination against people who are HIV positive, for example, in a job application is also illegal. The *rules* component of the activity system also incorporates ideological frames through which individuals might act, for example, a patriarchal system which condones multiple sexual partners for men. Rules and procedural norms of social interaction may also be embodied in physical forms, such as speed humps on roads which are inanimate guardians of the moral order that watch out, regulate and sanction our behaviour as drivers (Latour, 1992, cited in Engeström, 2005, p. 375).

The *division of labour* component of the activity system is illustrated most vividly in Leontiev's depiction of the hunt. In the activity system this component of the activity system has two dimensions. On a horizontal level, it refers to the division of tasks within an activity (for example, in a patient-doctor consultation, the patient usually presents the symptoms and the doctor performs the diagnosis). On a vertical level, there are distinct dynamics within an activity which are related to the relative power and status of the actors. These incorporate dynamics of gender and power specific to particular contexts. For example, the authority of a doctor in the activity of the consultation might overpower the patient's accounts of her symptoms. Another example is that of the gender dynamics in sexual activity. Partners in the activity might take on particular roles, with men initiating and controlling the interaction and women responding.

When analysing an activity system as a 'unit of analysis', these different components and the relations between them need to be examined. Engeström (1987, cited in Engeström & Miettinen, 1999, p. 10) argues that this calls for

complementarity of the system view and the subject's view. The analyst constructs the activity system as if looking at it from above. At the same time, the analyst must select a subject, a member (or a multiple members), of the local activity, through whose eyes and interpretations the activity is constructed. This dialectic between the systemic and subjective-partisan views brings the researcher into a dialogical relationship with the local activity under investigation.

The process of using this model of an activity system in an analysis will be discussed in more detail in chapter 4.

Engeström (1996) highlights three particular characteristics of the activity system which make them unique as a 'unit of analysis' because they provide a way of 'holding' the dialectical

relationship between individual and social, the socially constituted nature of human behaviour, and the historical nature of any activity. These characteristics are discussed briefly here and elaborated in the next chapter.

6.2 Characteristics of activity systems

6.2.1 Heterogeneity

Engeström (1996) argues that activity systems are not homogeneous. They are composed of a multitude of often disparate elements, viewpoints, traditions and interests. This results from the division of labour in the activity which creates different positions for the participants (Engeström, 2001, p. 136). Analysis of the system involves a scrutiny of all the disparate elements and viewpoints of the various levels in the system (Engeström, 1987). Activity systems also do not exist in isolation, but are part of networks of interacting systems, which multiplies the multi-voicedness or heterogeneity of the activity system (Engeström, 2001). Significantly, this heterogeneity is potentially a source of trouble and a source of innovations within the system (Engeström, 2001, p. 136). If the different elements and different perspectives in the activity system are in tension, this generates contradictions within the system.

6.2.2 Historicity

Engeström (1987) argues that an understanding of human behaviour requires an historical perspective. This emphasis on historicity originates in Marx's belief that the nature of any activity is defined in relation to a particular set of historical and social relations, what he referred to as the relations of production. He situated activity in the societal relations of historically conditioned social practices (Tolman, 2001, p. 91). Human psychological processes emerge through this culturally mediated, *historically developing*, practical activity. Any activity thus depends on some historically formed mediating artifacts, cultural resources that are common to the society at large (Engeström & Miettinen, 1999, p. 8). In addition to this, the different participants in the activity carry their own diverse histories, and the activity system itself carries multiple layers and strands of history engraved in its artifacts, rules and conventions (Engeström, 2001, p. 136). Activity systems thus also have a history. They take shape and get transformed over lengthy periods of time (Engeström, 2001, p. 136).

Analysing data from the viewpoint of historicity is therefore a central theoretical instrument to achieve explanation (Engeström, 1987).

Engeström (1999, p. 26) argues that the nature of an activity system as a unit of analysis allows for this historical perspective:

If the unit is the individual or the individually constructed situation, history is reduced to ontogeny or biography. If the unit is the culture or the society, history becomes very general or endlessly complex. If a collective activity system is taken as the unit, history may become manageable, and yet it steps beyond the confines of individual biography.

The activity system exists simultaneously in two forms: its mode (the way the activity is organised and carried out by its participants at any given time), and its historical type (the way its components and inner relations represent historically identifiable ideal-typical patterns) (Engeström, 1996). History itself therefore needs to be studied as the

local history of the activity and its objects, and as history of the theoretical ideas and tools that have shaped the activity. Thus [for example] medical work needs to be analysed against the history of its local organisation and against the more global history of the medical concepts, procedures and tools employed and accumulated in the local activity. (Engeström, 2001, pp. 136-137)

A critical characteristic of activity systems is that they are in flux, permeated by tensions and contradictions.

6.2.3 Contradictions, discontinuity and change

Drawing on Marx's theory of labour activity Engeström (1987) argues that in the historical development of human activity, activity systems become increasingly penetrated and saturated by the basic socio-economic laws which contain historically accumulating structural tensions. For example, Engeström (1996, p.72) argues that in capitalism, the basic contradiction is the dual nature of commodities, the tension between the use value and the exchange value. Contradictions related to these socio-economic processes permeate all activity systems (Engeström, 1987; 1996). Activity systems are therefore inherently characterised by constant construction, renewal and transformation of the components of the system, as outcome and cause of human life (Engeström, 1996). As the contradictions of an activity system are aggravated over time, they can eventually lead to an overall crisis of the activity system (Engeström, 1996, p. 73). This state of crisis leads to new forms of activity, and inevitably, to change. Engeström and Miettinen argue that these internal tensions and

contradictions within an activity system are the *ōmotive force* of change and developmentö (1999, p. 9, emphasis added).

The potential for change expressed in Engeström's analysis of activity systems has its roots in Marx's concept of activity. Engeström and Miettinen (1999, p. 3) argue that this concept:

opens up a new way to understand change. Change is not brought about from above, nor is it reducible to purely individual self-change of subjects. The key is 'revolutionary practice', which is not to be understood in narrowly political terms but as joint 'practical-critical activity' potentially embedded in any mundane everyday practice.

'Change' in behaviour will thus originate not from the context, nor from the individual, but is a product of their activity, and their collective activity with others. The use of the concept of activity is thus critical in countering the dominant assumptions in behaviour change theories about the possibility for, and understanding of, change. The analysis of activity systems with its emphasis on contradictions could reveal the potential for change within an activity system.

A comment on the nature of the heuristic device of the model is necessary. In many instances it is used as a 'toolkit' (Wells, 2004), for analysis. Wells (2004) argues that although it effectively represents the transactional relationships at play within an activity system, it 'fixes' rather than captures the dynamic and interactive nature of activity. Visual representations of dynamic processes are limited, and he argues this one 'represents a moment frozen in time, or at best, a synoptic, atemporal generalization that subsumes many diverse, particular instances' (Wells, 2004, p. 76). This criticism has been countered by Roth (2004) who argues that the model is inherently dynamic: it is a dialectical conceptualisation which embodies change. The dialectical unit of the subject and object in the system 'is the epitome of an engine of change' (Ilyenkov, 1977, cited in Roth, 2004, p. 2). In addition to this, the very notion of *activity* at the heart of this triangular representation embodies change. The activity system also captures this notion of change in the conceptualisation of contradictions, and tensions, within and between components. Change is thus inherent in its parts, in its relations and as a whole. As a graphic depiction of activity it might be static, but its *use* in the analysis of an activity, is dynamic. The 'dynamic' nature of activity is also captured in the historical perspective used in analysis. Roth (2004) argues that the framework of the triangle thus expresses an open, historically situated, system.

As some of the debate and criticism within the HIV and AIDS literature evidences, the study of human action is a complex task. Engeström (1987, p. 81) argues that this model of activity

is the “smallest and most simple unit that still preserves the essential unity and integral quality behind any human activity”. It integrates subject, object and “instruments” into a unified whole, and it enables activity to be analysed as a “culturally mediated phenomenon” (ibid, p. 39), rather than a dyadic organism-environment model. This model, and the articulation of the components and their relationships, enables an analysis of activity as a “contextual or ecological phenomenon” (concentrating) on systemic relations between the individual and the outside world” (ibid, p. 39). The activity system thus describes the dialectical relationship between the individual and the setting and locates activity in the rules and structures of the social world. In this way the notion of the activity system helps to reframe the concept of context which proves so problematic in the HIV and AIDS field.

Activity theory theorising has moved beyond this notion of singular activity systems to study networks of interacting activity systems focusing on dialogicality, multi-voicedness, and issues of power within the activity system (Roth & Lee, 2007). Although this is a significant expansion on the original notion of the activity system, it is not critical to the theoretical or methodological procedure of this thesis (which focuses on an activity system analysis). It does, however, have some significance for possibilities beyond the analysis in this study, and will be discussed in greater detail in the concluding section of the thesis.

7 The contribution of CHAT to the problematic of the thesis

The philosophical and revolutionary roots of cultural-historical activity theory provide an important and significantly different conceptualisation of the individual-society relationship from the dualistic conception which dominates the behaviour change theory used in the HIV and AIDS field. The mediational conception of human mind invalidates the notion that cognitive processes reside inside the heads of individuals, and that mental acts of the individual are the impetus for action. CHAT is useful for the problematic of the thesis because it rejects a cause and effect relationship between the individual and context. It conceptualises a *dialectical and mutually constitutive relationship between the individual and society*, where the “mind” of the “subject” is derivative from the subject’s activity, and “society” is constituted in the activity of the individual (Cole, 1996). It assumes that individuals are active agents in their own development but do not act in settings entirely of their own choosing. CHAT directs the study of human behaviour to a concrete examination of the dynamics of practical social activity.

In CHAT, the concept of context is fundamentally reframed through Engeström's (1987, 1996) conceptualisation of activity as a collective activity system. The notion of the activity system accounts for the continuous, self-reproducing, systemic, and longitudinal-historical aspects of human functioning; the changing nature of humans and society; the socially distributed or collective aspects of human behaviour; as well as the artefact-mediated, or cultural aspects, of purposeful human behaviour (Engeström, 1999). An analysis of the internal dynamics and the history of the activity system illuminates its internal contradictions and tensions, providing a means to understand the actual and potential change embedded in the system. In this way it can potentially account for the lack of behaviour change which is the problematic of this thesis. The next chapter presents a practical application of this conceptual framework to the research problem.

Chapter 4 Methodology

1 Introduction: Theory, methodology and method

In Chapter 3 I presented activity theory and some of the problematics it attempts to address. Activity theory has variously been called a meta-theory (Roth & Lee, 2007), a general conceptual system rather than a set of neat propositions (Chaiklin, 2001), and even a ‘proto-theory’ (Lemke, 2008)¹⁰. However, the label ‘activity theory’ is to a certain extent a misnomer. Activity theory does not actively theorise ‘activity’. Engeström (1996, p. 97) argues that ‘activity theory is not a specific theory of a particular domain’. Lemke (2008) argues that it is theoretical in the sense that it provides a way for understanding how human action happens, and for potentially changing this action. However, the object of activity theory – activity – and the range of activity systems, relations amongst activity systems, and cultural and material contexts which exist in the world, cannot be captured in one theory (ibid). In this sense it is not a theory.

What is clear is that activity theory represents a particular set of epistemological, ontological and metaphysical assumptions about the nature of human behaviour. It is these assumptions which provide insight into ‘what matters when studying an activity system’ (Lemke, 2008), and direct the framing and investigation of psychological problems (Chaiklin, 2001). In the sense that a particular rationale and set of philosophical assumptions underpin the approach to a particular study, I would argue that a *methodology* can be ascribed to activity theory.

However, there are gaps in the articulation of this methodology. Broad principles are described (see especially Engeström, 2001), but the mechanisms of this methodology are not very clear. In addition to this, a formalised method in the sense of a particular procedure for accomplishing the investigation of a phenomenon, is not described. Although CHAT might provide the ‘criteria for choosing theoretically appropriate research methods across a range of possible questions, contexts and interests’ (Lemke, 2008), what these research methods are, is not clear. There are no directives, for example, about data collection methods. Activity theory ‘does not provide ready-made techniques and procedures’ (Engeström, 1996, p. 97).

¹⁰ In November 2008 I initiated a discussion on the xmca-list seeking to clarify the relationship between activity theory and qualitative research. Jay Lemke’s comments on this list were very useful and this is what I am citing (see <http://lchc.ucsd.edu/MCA/index.html>).

The looseness of the CHAT framework and the lack of the institutionalisation of the theory (Chaiklin, 2001), have generated varying interpretations of CHAT-based methodology. This looseness and lack of methodological rigour invites innovation, evidenced in the wide range of studies conducted under the auspices of CHAT which have taken place since the 1990s¹¹ (Roth & Lee, 2007). There has been limited research applying activity theory to health issues. Engeström and colleagues have applied it to an analysis of health systems, and interactions in these systems (Engeström, 1996). There have also been a few attempts at applying it in research in South Africa, although much of this research remains unpublished, for example, applying activity theory analysis to the activities of HIV and AIDS counsellors (Gilbert, Fawcett & Gerber, 2002). An application of activity theory to a health issue and issues of behaviour change has not been undertaken.

Thus, although activity theory provides conceptual tools and methodological principles researchers using the theory have to operationalise and concretise these principles and tools in relation to the specific nature of the object under scrutiny (Engeström, 1996, p. 97). The work of this thesis is partly methodological. In this chapter I illustrate how I used the conceptual framework of activity theory as an analytic tool to examine the research problem.

To briefly restate this problem: the prevalence of HIV in South Africa is extreme and there are serious immediate and long term consequences of the epidemic. Despite many interventions, there is lack of evidence of major changes in HIV-related behaviour, and no significant impact on HIV prevalence. Behaviour change theories which guide many HIV intervention approaches have been criticized for assuming that cognitive, rational decision-making processes will bring about behaviour change. The more context-oriented theories of behaviour are also problematic in their dualistic container and variable conceptualisations of the relationship between the individual and context. How then can one understand behaviour and lack of behaviour change in a context of high HIV prevalence? Roth and Lee (2007) argue that by theorising the way in which people continually shape and are shaped by their social contexts, activity theory provides a way of conceptualising human activity in its complexity. In so doing, activity theory thus provides a different conceptual framework for

¹¹ Studies which have used activity theory range from organisational and workplace studies (for example, Virkkunen & Kuutti, 2000; Engeström & Kerosuo, 2007; Holt & Morris, 1993; Lorenz, 2001; Nettelband, Wasson & Mørch, 2007); technology (Miettinen & Hasu, 2002); information technology specialists (Langemeyer, 2006); through human computer interaction (Hyysalo & Lehenkari, 2003; Gifford & Enyedy, 1999); to discourse studies (R. Engeström, 1995); evaluating development or intervention programmes (Van Vlaenderen, 1998; Kontinen, 2007); government policy development and implementation (Hill, Capper, Wilson, Whatman & Wong, 2007); and education processes (Daniels, 2004; Hedegaard, 2002; Sawchuk, 2003).

understanding, and the analytic tools with which to understand, the way that behaviour and behaviour change, potentially happens.

2 Research design and activity theory

Many studies which use cultural-historical activity theory do not explicitly identify a research design or paradigm (for example, see Engeström, Engeström & Kärkkäinen, 1995). This is possibly because CHAT is implicitly assumed to be the design. However, as outlined above, there is a need to operationalise the principles and assumptions of the CHAT approach, and this includes the design adopted in the research study.

There is debate within the field about whether there is a need to define CHAT in relation to either the qualitative or quantitative paradigm. Wardekker (2000) argues that the qualitative-quantitative debate is one of research methods and that both may be used in CHAT-based research. Lemke (2008) argues that qualitative research "comprises a wide range of methods as well as some methodological principles or advice", which can be incorporated into a CHAT approach. For the purposes of this study I argue that the epistemology of qualitative research echoes many of the fundamental assumptions of the CHAT approach. Qualitative research can therefore be gainfully "recruited" into the CHAT approach. In the next section I outline the broad principles of the interpretive, humanist and social constructionist methodological approaches to illustrate some of the parallels with CHAT.

2.1 Key principles of qualitative research

Quantitative research designs tend to specify the outcomes of the research process through clearly defining hypotheses, and examining specific relationships between variables. In a qualitative research approach the relationships one is examining are not defined as distinctly. The "outcomes" of the research process are not foreseen. It might begin with some expectations about causal connections, but generally, it can be described as a more open-ended and inductive exploration of a phenomenon (Denzin & Lincoln, 1994).

Wardekker (2000) argues that within the qualitative paradigm, the assumption is that humans are interpreters and constructors of a meaningful world. In this paradigm,

humans think about themselves, about other people, and about the world and attach meaning to everything they encounter. These meanings guide their practices. They are essentially individual constructions, although coordinated with those of others through common elements. People do not discover the world, as in the nomological paradigm, but rather construct it. Of course, this construction is not seen as totally free; it has to take into account the physical properties of the world and the constructions of other people in the same cultural group. Also, it has a history and is built up through personal experience and meaning-making. (ibid, 2000, p. 265)

Quantitative approaches seek to establish the causal relationships at work in a phenomenon. Qualitative approaches go beyond a focus on causation, to try and explore the reasons why a phenomenon is like it is, for example, what is the mechanism that leads to the relationship between x and y? The concern within qualitative approaches is thus to 'make sense of' or 'understand' human experience, not to merely describe the relationship between variables (Denzin & Lincoln, 1994). For example, the interpretive paradigm attempts to 'find out what meanings people construct, how they construct them, and how these constructions guide their actions' (Wardekker, 2000, p. 266).

Wardekker (2000) comments that within the interpretive/humanist paradigm there are differences of opinion about how this construction and maintenance of 'meaning' takes place. A range of sub-paradigms incorporate these different positions, for example, phenomenology, ethnography, narrative research, social constructionism, and hermeneutics. From the social constructionist perspective participants' thoughts, feelings and experiences are products of systems of meaning at a social level (Terre Blanche, Kelly & Durrheim, 2006). Interpreting this social world means understanding and examining this system of meanings, these representations of reality, practices, and physical arrangements which 'construct particular versions of the world by providing a framework or system through which we can understand objects and practices as well as understand who we are and what we should do in relation to these systems' (ibid, p. 282). When we act, Terre Blanche et al. (2006, p. 282) argue, what we achieve is to 'reproduce the ruling discourses of our time and re-enact established relational patterns'. Although the approaches might differ, epistemologically, in general, the qualitative paradigm rests on understanding and interpreting what is human about human beings (Lemke, 2008).

Qualitative research processes assume that the meaning of human experiences is inextricably interwoven with context. Understanding human experience therefore requires that the phenomenon be contextualised (Denzin & Lincoln, 2005; Schwandt, 1994; Morse &

Richards, 2002). The assumption is that the meaning of a phenomenon is indexical, and thus human experiences need to be explored and examined in context, as they are lived.

Many qualitative approaches focus on people's subjective experiences, the meaning these experiences have for them, and thus their representation of reality (Kvale, 1996). Within research processes, there is a search for a detailed, 'thick description' (Geertz, 1973), of these experiences. However, some of the approaches argue that there is also a need to go beyond describing and 'understanding' human experience in situ. Kelly (1999), for example, argues that the participant, embedded in his or her reality, perspective and context, does not have a privileged perspective on the phenomenon. There is a need to provide an account of a phenomenon which exceeds the self-understanding of the participants, a distanced account (Kelly, 2006).

The research design of this study could broadly be defined as a qualitative, exploratory study conducted within the ambit of CHAT. The design is qualitative in the sense that it is an open-ended and inductive exploration of a phenomenon, with an attempt to obtain an understanding of sexual activity in a particular context. This means a focus on the participants' subjective experiences of sexual activity and the meaning that these experiences have had for them. In addition to describing these experiences in rich detail, there is a need to provide an interpretation of this subjective human experience, and an elaboration or expansion of the participants' accounts (Terre Blanche et al., 2006). However, this study goes beyond the frame of qualitative research in the sense that CHAT provides a different kind of focus on the 'problem' of human behaviour.

3 CHAT: Beyond a qualitative approach

Activity theory makes a significant contribution to the methodology of studying human behaviour and understanding the problem of behaviour change in the context of HIV and AIDS. Firstly, it 'recovers' the notion of *activity* making it pivotal to an understanding of behaviour. Secondly, it 'makes' or produces context, thereby illustrating and explicating the individual-social dialectic. Lastly, it identifies activity, and its contextualisation, as characteristically turbulent, and this is significant for understanding the potential for change in human behaviour. In the section below I discuss each of these contributions before I present an application of the approach in the research study.

3.1 Recovering the notion of activity

As outlined in chapter 3, one of the basic assumptions in activity theory is that human consciousness and higher mental functioning are *derived* from socially organised practical activity. The development of consciousness, the capacity to think and act, occurs through our participation in practical social activity which is constituted by historically-developed societal relations (Jones, 2001). The *self* is thus constituted in practical activity. This is not a determinist conception of human nature because through activity the individual also constitutes societal relations (Tolman, 2001). There is thus a dialectical interaction between the individual and society. In contrast to the dominant assumptions in the behaviour change literature, we are thus neither merely cognitive rational individuals, separate from context, nor are we socially or context-determined individuals. In this conceptualisation, the notion of activity *overcomes and transcends* the dualism between the individual subject and objective societal circumstances (Engeström & Miettinen, 1999, p. 3). Activity is always mediated, and never *individual*.

The centrality of the concept of activity to the nature of being human is illustrated by Fichtner's (1999) comment that the organism *consists in its activity*. The fact that human *mind* develops within human social activity means that it can only be understood within the context of the meaningful, goal-oriented, and socially determined interaction between human beings and their material environment. This focus on activity resolves the problem of the relationship between the individual and his/her social and cultural environment. Wells (2004, p. 56) argues that

by focusing on participation in jointly undertaken, mediated activity as the site of both continuity and change, it emphasizes the mutually constitutive relationships between the activity, on the one hand, seen as an ongoing historical-cultural system and, on the other hand, the participants, practices and artefacts through which the activity is instantiated on particular occasions.

In order to understand human behaviour, analysis must therefore be grounded in actual concrete everyday activities and the rules and structures of the social world which organise and constrain that activity (Cole 1996; Elhammoumi, 2001; Engeström, 1996). Culturally-mediated, historically-evolving, object-oriented, practical *activity* therefore becomes the *fundamental unit of analysis and explanatory principle* that determines the genesis, structures, and contents of the human mind (Roth & Lee, 2007, p. 189). Methodologically, activity theory thus focuses on activity in the process of understanding human behaviour.

In studying the problem of a lack of behaviour change in response to HIV and AIDS the question is, what would provide access to the phenomenon? In South Africa the primary means of transmission of HIV is through sexual activity. However, research that focuses either on the incidence of particular attitudes and practices, or on the prediction of safer sexual behaviour, neglects an understanding of sexual interactions (Colpin, 2006). In addition, a focus on a particular behaviour, such as condom use, would not on its own, enable an understanding of risk-taking.

Kippax (2003) argues that the activity of sex, and what it means, will change depending on the contextual discourses of sexuality (sex is for procreation, sex is for romance), the nature of the relationship (whether it is casual or stable, whether it is mutual, or imposed as in rape), and the nature of the partners in the interaction (whether they are male, female, young or old). These will, in turn, affect the notion of risk in relation to sexual activity and HIV and AIDS. The individual's response to health promotion messages and sexual health interventions will be framed by contemporary understandings of HIV-transmission risk, and the way in which the community in which they reside ignores, undermines or responds to these messages. In this sense, the activity of sex is a social practice, produced and enacted within particular interpersonal, social, historical and cultural contexts (Kippax, 2003). A contextual, situated study of sexual activity is in many ways ethically preferable to a research approach which attempts to implement interventions based on universal best practices. Sexual activity therefore needs to be studied as dynamic and complex, as it is lived and contextualised in relation to its varied social and cultural meaning. Research approaches which explore the situated nature of sexual activity, and how it takes on meaning for male and female participants, for young and old participants, in a particular research context, more adequately address this socially situated nature of sexual activity. How does this relate to the framework of activity theory? Human practices (such as sexual practices) and individual human agency are thus analyzable only in relation to the activity of which they are a part.

3.1.1 The unit of analysis

Engeström (1987, 1996) elaborated the unit of analysis for studying human behaviour from *individual activity* to an *activity system*. In a research study a collective, artifact-mediated and object-oriented activity system, seen in its network of relations to other activity systems, is (therefore) taken as the prime unit of analysis (Engeström, 2001, p. 136). In approaching a problem, Engeström (1996) argues that one needs to ask what is the central object unit

which potentially manifests the contradictions of the whole activity system. Engeström's (1996) analysis of the health system in Finland focused on the consultation between patient and doctor as the central 'object unit' what he refers to as the typical collection of tasks which occurred repeatedly in a day. He argues that it is within this central object unit that the essential inner contradictions of the whole activity system are presumably repeatedly manifested. In this study sexual activity was taken as the 'central object unit' which manifests the essential contradictions of the activity system. It is this 'object unit' which contains within it the typical practices which occur repeatedly between partners, which potentially lead to the transmission of HIV. The activity system of sexual activity thus formed the unit of analysis in this study.

The second significant contribution of CHAT is that it re-frames and re-appropriates the notion of context in the understanding of human psychological processes.

3.2 Re-appropriating 'context'

The re-framing of the notion of context is primarily based on the concept of mediation, a central ontological assumption of CHAT. Vygotsky (1978) argued that the relationship between the human subject and the 'object' or whatever is external to that object (the context, society, the world), is always mediated by what he referred to as tools and signs. These mediational means or artefacts in the form of ideas, conceptual tools, language, technological and physical tools, are cultural and historical productions. In the activity of the human subject in the world, the use of these mediational means fundamentally, and qualitatively, alters higher mental functions (the intra-psychological functions of the individual). This mediational model thus explicates how 'context' forms the basis of psychological processes. We are constituted by our practical activity in social and historical practices and the functions of our mind therefore cannot be innate or predetermined. In addition to this, the activity of the human subject in the world creates and transforms these mediational means, thereby constituting social relations. In this dialectical conceptualisation context is neither the 'container' of an ontologically separate 'individual' nor is it a 'variable' which impacts on the individual. The focus on activity, and the mediational conception of human mind, thus afford a dialectical conceptualisation of the individual-society relationship.

This re-conceptualisation transcends the classic dualistic conception of individual and context and counters the key assumptions of both individual-centred and context-centred behaviour change theories. The individual and society cannot be ontologically, or methodologically, distinguished. To understand human nature, one examines neither the individual through the ‘psychology of individual cognition’ (Vygotsky, 1978), nor the context ‘surrounding’ the individual, in the form of societal structures and sociology. Instead, the aim is to understand the way in which the ‘self’ is constituted in activity, and the way in which, in this activity, the ‘self’ constitutes the context/environment.

But how does one operationalise this dialectical conceptualisation? Firstly, as explained above, one adopts purposeful **activity** in a cultural historical context as the fundamental unit for the study of human behaviour. Secondly, one engages in a process of **contextualising this activity**. This is not a contextualisation in the sense of putting the research phenomenon in a container. Rather, the research activity is an engagement in the production of the context of the research phenomenon, that is, sexual activity. This contextualisation is achieved through adopting Engeström’s (1987, 1996) notion of an *activity system* which theoretically elaborates the notion of context.

3.2.1 Activity systems: the production of context

As discussed in Chapter 3, activities do not exist in isolation but are part of broader systems of relations which are generated, sustained and developed within social communities. This conceptualisation of activity as a collective activity system fundamentally reframes the concept of context.

Engeström (1996, p. 67) argues that ‘Contexts are activity systems. An activity system integrates the subject, the object, and the instruments (material tools as well as signs and symbols) into a unified whole’. This system is not immutable, but continuously constructed by humans in their activity. This reinforces the CHAT assumption that the focus in research is not on the development of the individual subject but on how the objects and structures of the world are created by humans (Engeström, 1987). In a research study the unit of analysis is thus the entire activity system; it is the ‘object-oriented, collective, and culturally mediated human activity, or [the] *activity system*’ (Engeström & Miettinen, 1999, p. 9).

To engage with this unit of analysis, Engeström (1987) developed a model of human activity as a collective systemic framework with a complex mediational structure (Daniels, 2001). This model, constituted by the subject, object, outcome, rules, community and division of labour, explicates the inner dynamic relations of an activity and allows the mediated, and historical, nature of an activity to be analysable (see Figure 11 in Chapter 3).

The methodological significance of the notion of an activity system is that an analysis of the system explores and exposes the individual-social dialectic. It is the *mechanism of contextualisation* in which the triangular model of the activity system is the *tool* for the investigation, and production of context. This operationalisation is illustrated in detail in the section on data analysis below.

3.2.2 Activity system analysis: the mechanism of contextualisation

Wardekker (2000, p. 269) argues that contextualisation within the CHAT approach is not limited, as in the interpretive paradigm, to the ‘actual context-as-experienced’. Activity theory, and activity system analysis in particular, provides a way of engaging in the ‘contextualisation’ of a phenomenon without reducing context to a container or a variable. One could argue that a research process from the CHAT perspective is a process of the *production of context*. In the research process the circumstances in which an event or phenomenon can be fully understood, are constituted. This ‘production’ of context is accomplished primarily through the construction, and analysis, of the activity system of the activity. This construction has at least two dimensions – current and historical.

3.2.2.1 Current activity system: current contextualisation

In this study the activity of the system was defined as sexual activity. The aim of the research process was then to construct an account of this activity system of sexual activity as it currently occurs. In practice, this means constructing the model of the activity system to explicate its components (subject, object, outcome, mediating artefacts, rules, community and division of labour), and the internal relations of this system. Engeström’s (1987) model of the activity system contains a particular internal structure in which the activity is organised and constrained by the rules and structures of the social world; and in which human activity is always governed by a division of labour, and by the individual’s membership of a particular

group of people, their community. An analysis of the activity system of sexual activity articulates the dialectical relationship between subject, object, and outcome in the activity, and explicates the dialectical interaction between individual and society. The second form of contextualisation is historical.

3.2.2.2 Historical contextualisation

If the human mind is a result of a development process in which culture and history –represented in and mediated by cultural artefacts– (Wardekker, 2000, p. 267) are primary, this limits the extent to which a descriptive analysis of current behaviour could provide an adequate basis for an explanation of what is observed (Wells, 2004). A central tenet of CHAT is that human psychological processes have emerged through culturally mediated, *historically developing*, practical activity. Engeström and Miettinen (1999) argue that –history– is inevitably present in the activity system, through the mediated nature of behaviour, and through the dependence of any activity on historically formed mediating artefacts in society. History thus permeates current practices and an historical and –developmental– form of explanation is critical in answering –the question of what a form of behaviour represents– (Vygotsky, 1981, p. 147).

This historical perspective thus reveals the –generative mechanisms– (Vygotsky, 1978) of a phenomenon and the various disruptions and disturbances which have occurred in the process of its development. Engeström (1987) argues that the problems and potentials of the activity can only be understood against its own history. Engeström (2001) suggests that one achieves this historical perspective by focussing on a –local history– of the activity and its objects. In this thesis I argue that adopting the notion of historicity contributes to the production of context through acknowledging that activities are palimpsestic, bearing visible traces of an earlier form.

The third significant contribution of CHAT is its identification of the dynamic and turbulent nature of activity.

3.3 The dynamic nature of activity: contradictions and change

A core ontological assumption of the CHAT approach is the dynamic nature of activity and therefore the inevitability of change within activity systems. There are two dimensions to the notion of the dynamic nature of activity and activity systems. Firstly, in the dialectical and dynamic conceptualisation of human nature in which humans use and create social artefacts, and are in turn constructed by this activity, change and transformation are ever present. Engeström (1996, p. 67) argues that human beings not only use instruments, they also continuously renew and develop them, whether consciously or not. They not only obey rules, they also mold and reformulate them. This constant construction, renewal and transformation of the components of the system, is the outcome and cause of human life (Engeström, 1996). To return to Marx's concept of activity, change in behaviour will not originate in the individual, nor in their context. It is a product of their activity, and their collective activity with others. The use of the concept of activity is thus critical in countering the dominant assumptions in behaviour change theories about the possibility for, and an understanding of, change.

Secondly, the concept of activity in activity theory has its roots in Marx's theory of labour activity. Engeström (1987) argues that in the historical development of human activity, historically accumulating structural tensions, and contradictions related to basic socio-economic processes permeate all activity systems. Transformation and constant construction are characteristics of the activity system and its components. These fundamental tensions will appear in different activity systems in different forms. They reside in each component of the activity system as primary contradictions, for example, in medical work the tension that a doctor experiences between their role as healers and their role as cost-efficient producers (Engeström, 1996). Another example is the contradiction between a biomedical interpretation of HIV (a conceptual tool) versus an interpretation of HIV as bewitchment (another conceptual tool). Secondary contradictions arise from tensions between components of the system, for example, the subject's goal of attaining sexual pleasure, and the negative outcome of infection with HIV. Contradictions also arise when an activity system adopts a new technology or object and this new element in the system contrasts sharply with an older component of the system (Engeström, 2001). For example, the introduction of a limit on a nurse's consultation time with a patient (a new rule) is in tension with the needs of a recently

diagnosed HIV positive patient for emotional debriefing (part of the 'object' for the new patient).

Activity systems are also continuously 'connected' to other activity systems through all of its components (Engeström, 1996, p. 72). Tertiary level contradictions arise when one activity system changes and this affects another system. An example of this is when the demands in the activity of nursing revolve primarily around treating people with HIV and AIDS because of the prevalence of the disease in the population, but the health care system is designed to address HIV as a minor component of a sexually transmitted infections (STI) programme. If the activity system of the health care system does not change, tensions and contradictions develop. Change is inherent in the components, the relations between the components, and the system as a whole. The life of an activity system is therefore characterised by discontinuity, crises, turbulence and qualitative transformations (Engeström, 1987).

That there are tensions and contradictions within the activity system which 'get aggravated over time' (Engeström, 1996, p. 73), is critical to an understanding of the system. Engeström (2001, p. 137) argues that

activity systems move through relatively long cycles of qualitative transformations. As the contradictions of an activity system are aggravated, some individual participants begin to question and deviate from its established norms.

These tensions and contradictions can eventually lead to an 'overall crisis of the activity system' (ibid) which leads to new forms of activity, and therefore to change. Contradictions are thus essential to the activity system as a dynamic source of transition, change and development (Engeström, 1987; 2001); they are the 'motive force' of change and development (Engeström & Miettinen, 1999, p. 9, emphasis added), innovation within, and transformation of, the system. Of critical significance for the problematic of behaviour change is that these inherent contradictions and tension can be analysed as *the source of development of that system*, including its individual participants. In other words, an analysis of the activity system could reveal actual and potential changes in behaviour.

The methodological question is then how does one study change and contradictions with activity systems? In the analysis of an activity system, one does not merely describe the components, rather one focuses on the contradictions inherent in, and between, components in the activity system (Engeström, 1996). In addition to this, adopting the 'genetic method' and

examining the development of an activity system over time through an historical analysis, "makes apparent the dialectical relationship that holds between continuity and change" (Wells, 2004, pp. 56-57). Engeström argues that a data-driven historical and empirical analysis of the specific activity should involve "tracing disruptions, troubles and innovations at the level of concrete modes of the activity, both historical and current" (1996, p. 72). Understanding the historical development of these tensions and contradictions is a *methodological condition* for understanding change, the potential for change, resistance to change, transformation and stagnation (Engeström & Miettinen, 1999).

In this way the activity system is not only a mechanism of contextualisation which exposes the individual-social dialectic, it is a mechanism for illuminating the process of, and potential for, change. The triangular model of the activity system becomes the *tool* for the investigation of contradictions and change. One could argue that this is another form of the "production of context". It is the contextualisation of the phenomenon in relation to its dynamic nature. This analytic step is particularly significant for the problematic of this study: understanding behaviour change in response to HIV and AIDS.

This contribution of activity theory to the methodology of studying human behaviour through recovering the notion of activity, the production of context, and providing access to the process of, and potential for, change, are indirectly reflected in Engeström's (2001) reference to the "principles" of the activity system. As discussed in chapter 3, he refers to the concepts of historicity, heterogeneity and contradictions (Engeström, 1987, 1996, 2001), but these are not articulated in relation to a methodology, and or a "method" for conducting activity theory research. In the next section I present a practical application of this "methodology" of activity theory to the problem of behaviour change in response to HIV and AIDS.

Seale (1999) comments that the quality issue in qualitative research relates predominantly to methodological awareness, illustrating as much as possible the procedures and evidence which have lead to particular conclusions and showing how your procedures were reliable and your conclusions valid. I address these issues in the following discussion of the research process.

4 Aim of the study

The aim of this study was to illustrate how one can understand behaviour and lack of behaviour change in a context of high HIV prevalence through applying an activity theoretical frame to the study. Sexual activity, as one of the main activities which leads to the transmission of HIV was adopted as the unit of analysis. In particular, the activity system of sexual activity was the object unit of the study. However, the activity of sex cannot, ethically or practically, be studied in the same way that Engeström (1996) studied the patient-doctor consultation (observation and recording of the interactions, and then participants' reflection on these). The private, and sometimes even covert, nature of the activity (Burja, 2000) means that the researcher can only gain access to the phenomenon indirectly, through the perspective and accounts of the participants. In this study this meant an examination of individuals' experiences of sexual activity in relation to HIV and AIDS.

5 Research questions

The research process sought to answer two main questions: what is, and what mediates and sustains, the activity system of sexual activity in the research context, and, how is this activity related to the participants' understanding of HIV and AIDS? The specific research questions are outlined below.

What is the activity system of sexual activity for the participants in this context?

- a. What is the nature of sexual activity for the participants in this context?
 - i. How does the activity of sex happen in this context?
 - ii. What are the dynamics (e.g. interactional, gender) around sexual activity within this context?

It was assumed that these questions could be answered by focusing on:

- What are the socialization processes around sexual activity: the process (how) and content (what) of learning about sex?
- What are the participants' experiences of sexual relationships?

- b. On what, and how, is the sexual activity of the individual in this context contingent?

- i. What mediates sexual practice in this particular context?
- ii. What sustains/maintains particular kinds of sexual activity?

It was assumed that these questions could be answered by focusing on:

- What are the norms and conditions which mediate this activity?
- How have these practices around sexual activity changed over time? (What is the historical trajectory of the activity?)

What mediates behaviour change or lack of behaviour change in relation to HIV and AIDS in this context?

- What do participants do about HIV and AIDS in relation to sexual activity?
 - How is HIV and AIDS conceptualised within this context?

It was assumed that these questions could be answered by focusing on:

- What are the participants' understanding of HIV and AIDS?
- What are the participants' response to HIV and AIDS?

- What is it in the existing social structures/contexts which contain/hold/sustain a particular response to HIV and AIDS?

It was assumed that these questions could be answered by focusing on:

- Why do the participants respond to HIV and AIDS in this way?
- What is the community response to HIV and AIDS?

- How do HIV and AIDS mediate the sexual activity of participants in this context?

It was assumed that these questions could be answered by focusing on:

- In what way do HIV and AIDS relate to/affect sexual activity in this context?

- Are there particular forms of social activity in this particular context which could lead to the spread of the disease?

It was assumed that this question could be answered by focusing on:

- What are the patterns of sexual activity in this context?

6 Background to the study

The research was conducted in a rural area in the Eastern Cape Province of South Africa. HIV prevalence in the Eastern Cape Province in a 2005 survey was 8.9%. This is the fourth lowest prevalence rate out of the nine provinces. Amongst adults aged 15-49 it was 15.5%, also the fourth lowest provincial prevalence rate. However, Eastern Cape youth aged 15-24 years have the second highest prevalence (11.7%) out of the nine provinces (Shisana et al., 2005). In addition this setting had very particular characteristics in relation to patterns of sexual activity. The research site, the Amathole Basin, formed one of the six sentinel sites in a

national study on HIV and AIDS and mediators of behaviour by Kelly (2000, Kelly & Parker, 2000) which aimed to establish baseline statistical data across the country. Baseline data on 40 youth between the ages of 15 and 30 years from five of the villages in the Amathole Basin generated the following key findings:

- A clearly defined culture of sexual practice and a non-interventionist attitude to early and adolescent sexuality.
- A highly sexually active youth who do not take adequate precautions against HIV and AIDS.
- Particularly high levels of early adolescent sex, a marked decline in the age of debut sex and extreme age differentials of partners in this debut sex.

These particular dynamics in relation to sex, and the response of youth in this area to HIV and AIDS, deserved greater attention. In 2000 I began to conduct focus groups and interview couples and individuals in the area about their relationships, sex in relationships and the dynamics of contraceptive use. Between 2001 and 2002, Kevin Kelly (under the auspices of CADRE) embarked on a follow up to the sentinel site study, exploring some of the dynamics in this context in more depth (some of which has been published in Ntlabati, Kelly & Mankayi, 2001; and Kelly & Ntlabati, 2002). As I had worked in the area for more than ten years and was familiar with many of the people and dynamics in the context, I assisted with this study; helping to establish contact with the site, accessing the participants and gaining entry into the setting, and collecting some of the data. The data set for this thesis is constituted by the data I collected in the couple and individual interviews (between 2000 and 2004) and, with the permission of CADRE, supplemented by the data collected through the CADRE research process (between 2001 and 2002)¹².

I was then also involved in a third study in the area which was a social mobilisation process under the auspices of CADRE and funded by Save the Children. This action-research engagement involved defining, and fundamentally reworking, the activity system of *‘responding to HIV and AIDS’*. A social mobilization process was used to develop a framework for a response to HIV and AIDS, with a special emphasis on issues relating to young people. This does not form part of the research process of this thesis, but because it has resonance for the problematic of the thesis, it will be referred to in the concluding section

¹² I thank CADRE for agreeing to let me use this data

when I discuss possibilities of intervention. This has been published in a report Kelly, Ntlabati, Oyosi, Van der Riet and Parker (2002).

7 The research setting

The study was conducted in a rural context in South Africa with which the researcher was familiar and which was found in a previous study (Kelly, 2000; Kelly & Parker, 2000) to be characterized by a particular set of risky sexual practices. Cornish (2004) argues that studying a particular context enables one to explore the local concreteness of a phenomenon and also the complexity of the organisation of health-related behaviour in that context.

The research setting of this study was the Amathole Basin, a deep rural area approximately 27 km from the small town of Alice in the Eastern Cape Province of South Africa. The research site fell within the former Ciskei, an area which was declared a *homeland* or *bantustan* under the apartheid policy of *separate development* which designated particular residential areas for particular black tribal groups. Ten *homelands* were set aside for Africans and during the 1960s and 1970s many black people were resettled into such homelands without their consent (Platzky & Walker, 1985). The policy of separate development restricted many aspects of life including spatial mobility, employment, and education. In the apartheid era, the Ciskei was designated as a residential area for black, *isiXhosa*-speaking people and operated as an *independent state* with sovereign rights. Figure 12 below illustrates the position of the Amathole Basin (green) near the small town of Alice in what is currently the Eastern Cape Province of South Africa. The historical boundaries of the former homelands of the Ciskei and Transkei are illustrated in brown and blue, respectively.

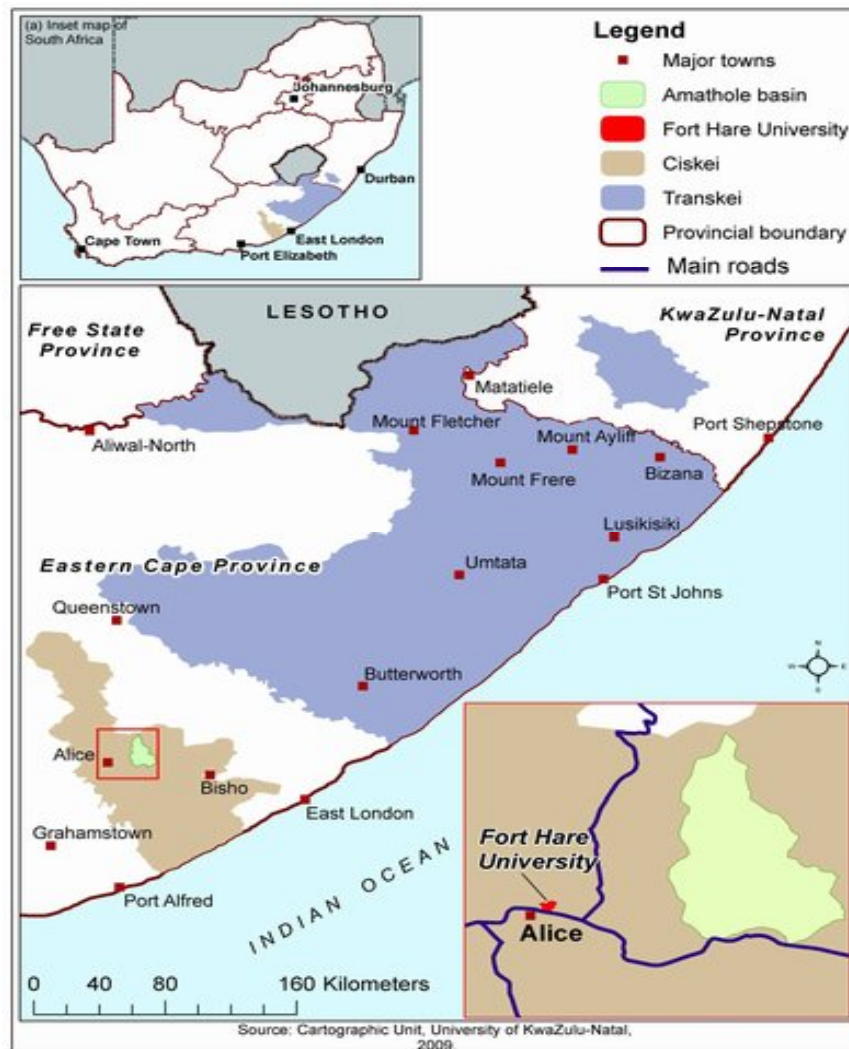


Figure 12. Map of the Amathole Basin, Eastern Cape Province, South Africa

Characteristic of South African politics, the area has both a traditional leadership structure (a chief, headman and representatives of the chief), and a democratically elected leadership structure with a local government councillor. During the apartheid years the establishment and maintenance of this 'independent' homeland by the apartheid government led to a discrediting of the traditional leadership structures. These structures were severely undermined during the 1980s and 1990s although their authority has been restored to some degree. There is currently some tension between these two leadership structures over control of resources and development processes in the area.

In the Amathole Basin thirteen villages, between 3 and 10 km apart are clustered around the basin formed by Amathole River. Each village consists of 30 to 90 homesteads, and between 400 and 1000 people. Each homestead contains several small dwellings made predominantly of wattle and daub and occasionally of brick (see Figure 13). The number of people living in each homestead varies depending on migrant labour practices, age of the inhabitants, and where the children attend school.



Figure 13. The Amathole Basin

This area is typical of the former homelands regarding the socioeconomic legacies of apartheid including the lack of infrastructure, the condition of the land, as well as the limited opportunities in the area. There is no permanent employment available in the area and unemployment in the municipality of Nkonkobe, in which the Amathole Basin is situated, was 30% in 2001 (Census 2001). Inhabitants of the area rely predominantly on state pensions, child care grants and remittances from family members working in towns. The 14% of the economically active population who are employed (Census 2001) seek work on the mines, in industry and within the domestic real, in areas outside of the Amathole Basin (for example in East London, Port Elizabeth, Cape Town and Johannesburg) (Chimere-Dan, 1996). As a

result of this there are more women in the economically active age range in the area than men, and many households are comprised of young children and grandparents. Those who are employed, earn relatively low wages. Figure 14 illustrates the monthly income of employed people 15-65 years of age in the Nkonkobe municipality (at approximately R8 to the US dollar). Kelly (2000) reported that 25% of respondents surveyed in the area in 1999 indicated that they had not enough money for food and clothes.

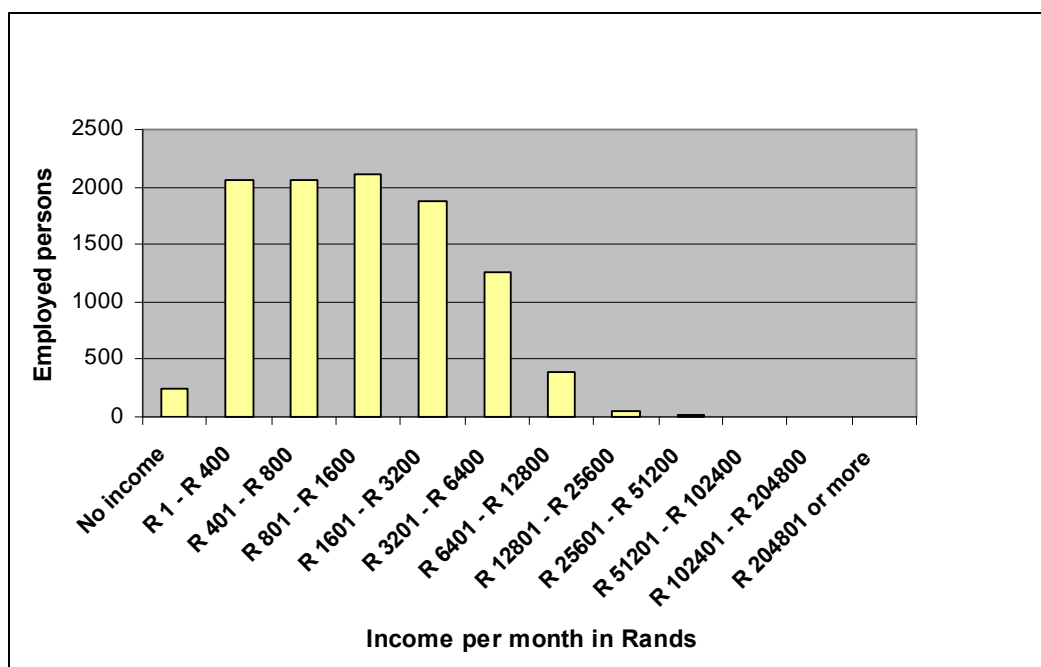


Figure 14. Income amongst employed residents of the Nkonkobe Municipality in 2001 (Census 2001)

The area is relatively undeveloped with a few small liquor outlets, village shops and taverns. There are no tarred roads in the area, there is limited piped water and electricity to households was only introduced into the area in 2001. Most people in the Amathole Basin do not own cars and rely on the daily government bus service and commercial taxis (minibuses). There are eight primary schools in the Amathole Basin and one secondary school with approximately 300 pupils. In 2000 there was only an 11% pass rate at this school and in 2001 it dropped to 8%. Most of the teachers do not live in the area, but commute daily to the Amathole Basin. There is a government day clinic in the Amathole Basin staffed by out of town nurses and serviced once a month by a medical doctor. The clinic is situated in the chief's village, as much as 14 km away from some of the outlying villages. The nearest

hospital is in the town of Alice, 27 km away. The majority of the inhabitants of the Amathole Basin are Christian with a range of mainstream and evangelical churches operating in the area.

8 The research process

An important factor in this study was that prior research had been conducted in the area. As mentioned above, youth in at least five of the thirteen villages had participated in a survey on knowledge, attitudes, practices and beliefs about HIV and AIDS. I was part of the research team which collected the data in that sentinel site study, helping to design the sample, recruit participants and oversee the data collection process. On completion of that research process the residents of one of the villages in which I had worked for many years, and with whom I had a particularly good relationship, asked me 'What exactly did you find out about our youth?' and requested that I report the findings of the survey. A meeting was held, and I reported the main findings of the study. The residents, especially the older members of the community (the parents or 'elders' of the youth who had been surveyed), expressed concern about the findings and a willingness to engage in further research and intervention processes. This was an important precursor to the study described in this thesis as it laid the basis for recruitment of participants. Another benefit of this prior research process was that it meant that I was fairly well known in the research context, and known to have an interest in the issue of HIV and AIDS. During this research process, and my engagement with the people in the area for over ten years, I had built a relationship with several people in the research context, one of whom became a key informant and a research assistant. He was a young member of the community, well-liked and respected.

9 Sample

Silverman (2005) argues that generalisability in qualitative research can be addressed in part through sampling. Generalisability is concerned with the representativeness of the research sample, and also the degree to which one can then make inferences to other contexts or populations. In quantitative research designs generalisability is achieved through statistical sampling procedures. In qualitative research, participants are not selected randomly and the size of the sample is usually quite small. The sample is designed to provide a 'close up,

detailed or meticulous view of particular units which may constitute cases which are relevant to or appear within the wider universe (Mason, 1996, p. 92, cited in Silverman, 2005, p. 132). This choice of a case because it illustrates something about the phenomenon is referred to as purposive sampling. Silverman (2005) also argues for the value of theoretical sampling which enables or facilitates the making of the generalisation in relation to the theoretical proposition of the study, rather than the population. Theoretical sampling involves selecting participants on the basis of their relevance to the research questions, theoretical position, and the explanation or account of what you are developing. Theoretical sampling is concerned with constructing a sample which is meaningful theoretically, because it builds in certain characteristics or criteria which help to develop and test your theory and explanation (Mason, 1996, pp. 93-94, cited in Silverman, 2005, p. 131). In this study, exploring the dynamics of sexual activity in a particular context, over time, meant adopting a non-random, purposive, theoretical and convenience sampling design (Miles & Huberman, 1994; Henry, 1998).

The research problem and methodological frame meant that an historical understanding of the phenomenon was necessary. Wardekker (2000) reflects on a significant aspect of validity in CHAT research. He argues that because research within a CHAT approach is focussed on practical activities organised in activity systems, it should take into account both the historical and the actual dynamics of that practice. In other words, it should be both *genetically* and *contextually* adequate (ibid, p. 269, emphasis added). This means that the development, and the socio-cultural context, of the activity need to be accounted for. This was done by stratifying the sample by age category.

In this study the sampling frame provided for a sample of participants in the research context across a wide age range (from 10 to 71 years of age). Guided by the research questions the sample was constituted by male and female members of the population who had a) grown up in or been residents in the area for a number of years, and b) were in the following age ranges: 10-15 years of age, 16-25 years of age; 26-35 years of age, 36-45 years of age, 46-54 years of age, and 55 years of age and above. The assumption was that interviewing participants across a wide age range would provide an historical perspective on practices in the research context.

An attempt was made to secure at least two male and two female participants within each age category although this was not always possible. Youth 16-25 years of age, and 10-15 years of age, were also sampled for focus group discussions. The aim was a sample of 5-7 participants

per focus group. The total sample was 45 people, 27 of whom were female and 18 were male. In the total sample, twenty-two of the participants were under the age of 25. The emphasis on youth respondents was useful because the group at greatest risk of HIV infection is those between the ages of 15 and 25 (Shisana & Simbayi, 2002). The broad characteristics of the sample are illustrated in the table below.

Born within the years:	1930-1945	1946-1954	1955-1964	1965-1974	1975-1986	1987-1990	
Age range	71-65	54-46	45-36	35-26	25-16	15-10	
Female	4	5	4	3	7	4	27
Male	3	1	4		7	4	18
Total	5	3	6	3	14	8	45

Table 6. Age and sex of the sample

Participants for this study were recruited by requesting that the key informant introduce me to male and female community members who were in relationships and who were in particular age groups. Then, accompanied by a translator who had traveled with me to the Amathole Basin¹³, I approached each of these people and requested their participation in the research process. I explained that the research would follow up on the survey research and that obtaining information from individuals about their own experiences would help us to understand the results which came out of the survey. I also outlined the scope of the research questions. It was stressed that the information collected during the process would be kept confidential; only the translator and I would know the names of the participants. No identifying information would be revealed in the reporting process. The participant was then given the opportunity to agree to participate in the research or not. The sample was thus restricted by who was available in the area at the time, and willingness to participate in the research process.

When the CADRE researchers joined the process, I introduced them to the community through a meeting with the chairperson of the residents' association and members of the community. We explained the purpose and scope of the research and requested permission to

¹³ There was a need for a translator because most of the participants were not fluent in English and I was not sufficiently competent in *isiXhosa* to converse with the community members.

approach community members to participate in the research process. Permission was granted and we then followed a similar procedure in recruiting participants to that outlined above.

The fact that the research participants were not selected randomly and that the size of the sample was relatively small raises the question of how representative the findings from this study are and whether or not they can be generalised to a broader population. Silverman (2005) suggests that one could also argue that generalisability is present in a single case because of the pervasiveness of the social forms of society. The argument is that the basic structures of social order of any society exist everywhere and anywhere and therefore it does not then matter what the particular sample is; any case will illustrate that order (Silverman, 2005). The practices that are analysed are likely to be generalisable because they are part of the realm of practices that are possible in any context. Silverman (2005) also argues that perhaps 'generalisation' is the wrong word and that 'extrapolation' is what we need to be able to achieve in qualitative research. Wardekker (2000) seems to echo this in arguing that within the CHAT approach, the results are not transferable or 'generalisable' in the conventional way, but that they ought to have 'generative power'. He argues that within a CHAT approach the

state of the world, or of a person, at any given moment is interpreted as the result of change and development. Thus, the product of research is not knowledge in the sense of a product that can be transferred to other persons and situations; it is an understanding of the change processes in a specific situation that may or may not have implications for other situations. (Wardekker, 2000, p. 269)

10 Data collection

Delius and Glaser (2002, pp. 29-30) argue that oral sources 'potentially offer the best route into the very personal realm of sexual history'. Spronk (2005) argues for studying the phenomenon of 'sex' not through focusing on sexual intercourse (although that is critical), but through a study of sexual biographies, which includes reflections on puberty, relationships, sexual practices and the meaning of sex. The focus in the data collection process was on the sexual 'biographies' of the participants.

With sexual activity as the unit of analysis in this study, the challenge was how to examine this activity historically. Two strategies were adopted to generate this historical perspective.

Firstly, as outlined above, the sampling frame provided for a sample across a wide age range (from 10 to 71 years of age) and facilitated access to an historical trajectory of sexual activity. However, Delius and Glaser (2002) argue that there are particular problems with researching something like sex over time. Although oral accounts can provide an historical perspective, the descriptions given are dependent on memory and tend to be influenced by the notions of a lost golden age which so often colour oral accounts and are especially likely to influence the recollections of the recently conquered (ibid, p. 29). Delius and Glaser (2002, p. 29) argue that these accounts need to be used cautiously and in combination with more contemporary accounts in order to provide a starting point for understanding the process of change. Through the sampling design both past and contemporary accounts were accessed.

Secondly, an historical perspective on sexual activity was generated through reviewing historical, anthropological, and development and population studies literature related to the research context. This constituted a set of secondary data. There were several secondary data sources which historically situated sexual activity in the research context. One of these was Monica Hunter's anthropological work in the early 1930s in the Eastern Cape Province, the site of this research study (Hunter, 1936). This work describes traditional societies and recorded customs and practices. I also used the anthropological work of Phillip and Iona Mayer (Mayer, 1961; P. Mayer & I. Mayer, 1970) in the 1950s amongst Xhosa people in and around East London, a town in the Eastern Cape Province about 150 km from the research site. The Mayer's research addressed the process of urbanisation in South Africa and incorporated reflections on the process of change as people migrated to the towns from rural areas. They also described many of the practices and processes used historically and traditionally in rural contexts, and how these were impacted on by colonialisation, Christianity and apartheid policies. I also used a more recent historical reflection on these accounts by Delius and Glaser (2002). The development and population studies literature provided material on the historical and social context of HIV and AIDS, and issues around reproduction, contraception and fertility.

These historical and anthropological accounts from well recognised authorities in the field provided a means of contextualising the contemporary accounts of the research participants. However, their perspectives are not without constraints. They are situated accounts embedded in the wider ideological narratives of the time, for example, that of colonialism, modernisation, progress, and civilisation (Bank, 2006). Hunter's (1936) account, for example,

reflects a particular construction of African sexuality in a 'golden age'. The Mayers, for example, have been criticised for their failure to adequately situate their analysis of cultural change within the political economy of colonialism and racial capitalism (Bank, 2006). This has meant that their account does not allow for the enormous complexity of urban African identity formation in the 1950s. However, the issue is not whether or not these accounts reflect the 'truth' of reality at the time, but that this construction, and subsequent constructions, allow one to broadly contextualise practices, revealing and exposing historical tensions and contradictions in sexual activity which affect the current nature of sexual activity in the research context. In this way they assist in contextualising the turbulence of sexual activity.

10.1 Data collection techniques

There were two qualitative data collection processes used in this research study viz. interviewing and focus groups. The combination of individual and group data collection processes provided slightly different perspectives on the research issue. The data collection process in any research study has implications for the validity and reliability of the research. Conventionally, validity is a concern with the degree to which a method investigates what it intends to. Hammersley (1990, p. 57) argues that it is the 'extent to which an account accurately represents the social phenomena to which it refers'. A concern with validity in research is a concern with 'truth'. However, in qualitative research, the notion of an objective, universal 'true' account of a phenomenon is critiqued (Kvale, 1996; Silverman, 2005). Kvale (1996) argues that knowledge is a social construction of reality and truth is constituted through dialogue. Silverman (1997) highlights the constitutive and interactional character of the interviews, and this could also be applied to focus groups. He argues that the 'story' told in an interview is only the one that is most tell-able under the circumstances, or the 'social milieu' of the communication process. Participants are thus not passive providers of information, but actively construct versions of reality in the social interaction of the interview and focus group process. This makes the interview or focus group site a site for the production of meaning, and the interviewing or focus group process an interactional project. Wardekker (2000, p. 269) argues that in the CHAT approach, as the historical and actual dynamics of practical activities organised in activity systems 'are the result of meaning-making discourses, research should be sensitive to the socially constructed character of

activity structures. In the interview (or focus group process), subjects are fleshed out, rationally and emotionally in relation to the give and take of the interview process, the interview's research purposes and its surrounding social contexts (Gubrium & Holstein, 2001, p. 15).

Within this social interaction of the interview or the focus group, the researcher also has a particular subjective position. The interviewee positions the interviewer or facilitator and responds to her in a particular way. Topics raised in the interview or focus group may also incite respondents to voice subjectivities never contemplated before. This affects how one considers the validity of qualitative research data. The value of interview and focus group data thus lies both in their meanings and in how meanings are constructed. Kvale (1996) argues that validity in this framework should therefore focus on *defensible* knowledge claims. The defensibility of knowledge claims is also related to how the data is analysed, and this will be discussed in the section on data analysis below.

Reliability pertains to the consistency of the research findings and is related partly to the way in which the research was conducted. Kvale (1996) argues that the reliability or consistency of the research findings can be checked throughout the research process. For example, the reliability of interviews and focus group discussions can be checked through examining how the questions are asked, and the process of translating and transcribing the data can also be checked. A thorough documenting of the research process is a critical aspect of ensuring reliability, and this is provided in the section below.

10.1.1 Interviews

Interviews provide a means to access the perspective of the research participants on the phenomenon. In this study interviews were conducted with participants in order to obtain accounts of their experiences of sexual activity in relation to HIV and AIDS.

In this research study, 27 interviews were conducted. I conducted 15 of these interviews. Three of these 15 interviews were conducted with couples, and 12 were conducted with individuals. A further 12 individual interviews were conducted by two CADRE researchers. All of the interviews were conducted in the participants' homes.

	Interviews which I conducted	Interviews conducted by the CADRE researchers	TOTAL number of interviews conducted
Couple interviews	3		
Individual interviews	12	12	27

Table 7. Interviews conducted

The interviews were conducted using a semi-structured interview guide devised in relation to the research question (see Appendix 1 for the interview schedule used for couples and individuals). The focus in the data collection process was on the sexual biographies of the participants. Key areas of focus were:

- Introduction to sex or sexual socialisation (how one learnt about sex, who introduced you to sex)
- The nature of early sexual relationships, particularly first sexual experience or debut sex (age, feelings about this experience, social norms and expectations; contraceptive use; parents' awareness of the activity)
- The dynamics of sexual relationships (their experience and feelings, age, gender, initiating relationships, social norms and expectations; contraceptive use; multiple partners)
- Cultural practices in relation to sex education and sexual interaction
- Perceptions of HIV (including knowledge of HIV and HIV transmission; exposure of HIV)
- Perceptions of vulnerability to HIV risk

As is typical of a qualitative research process, each interviewer addressed the central issues, but followed the interview questions in slightly different ways.

Some of the interview questions addressed personal and sensitive information. There are obviously constraints on this kind of data. Information about sexual activity is not readily volunteered. The accounts tended to be normative and did not allow for an investigation of the discrepancies that usually exist between precept and practice (Delius & Glaser, 2002).

However, most of the participants responded to the interview questions and were quite forthcoming about their experiences and feelings. I think this was largely due to the rapport established in the interview setting but also a consequence of the my long standing connection with the research context.

10.1.2 Focus groups

Data were also collected through focus group discussions, a method particularly suited to exploratory descriptive studies (Berg, 1998; Stewart & Shamdasani, 1998). The focus group method prioritises the perspectives and experiences of the research participants and has the advantage of de-emphasising the prominence of the interviewer (Krueger & Casey, 2000). Kitzinger (1994, cited in OoKane, 2000) describes focus groups as encouraging communication especially around difficult issues such as sexual activity. Stewart and Shamdasani (1990) argue that focus groups are appropriate to explore issues in a context, and to observe and understand attitudes and behaviour. For example, Kitzinger (1994, cited in OoKane, 2000) used focus groups to understand how people think about AIDS.

In this study five focus groups were conducted. I conducted three of these focus groups: one with a group of women between the ages of 30 and 60; one with female youth between the ages of 16 and 25, and one with male youth between the ages of 16 and 25. Two focus groups with the youngest research participants (between the ages of 10 and 15), were conducted by the two CADRE researchers.

	Focus groups which I conducted	Focus groups conducted by the CADRE researchers
Women 30-60 years of age	FG 1	
Female youth 16-25 years of age	FG 2	
Male youth 16-25 years of age	FG 3	
Girls 10-15 years of age		FG 4
Boys 10-15 years of age		FG 5

Table 8. Focus groups conducted

Research with child participants presents unique challenges to the conceptualisation and implementation of the research process (O'Kane, 2000; Jones, 2004). Individual interview with the younger participants might have been very intimidating. The group format of focus groups enabled the children to converse with other participants, potentially mediating some of the more extreme power differentials between adult interviewers and child participants (Van der Riet, Hough & Killian, 2005).

Focus groups were conducted with the older youth participants because they provided an additional source of data to the interview data. The focus group discussions also provided an opportunity to observe some of the group dynamics amongst these participants. An assumption within the HIV and AIDS literature is that peer group dynamics play an important role in an individual's decision to engage in safe sex practices (Dolcini et al., 2004). To a certain extent the group nature of the data collection process replicates or mimics the 'group' in which the participant exists (Stewart & Shamdasani, 1990). The group influences the nature of what the individual says thus potentially drawing out particular dynamics which may be useful for the research question, for example, grouping adolescent boys together to discuss the way in which they relate to girls. Focus groups might therefore invoke aspects of peer culture, potentially illustrating the dynamics in the social world of the participant.

In this study the focus group discussions differed from the interviews in that the participants were asked to discuss the broader community of the Amathole Basin and how people responded to HIV and AIDS. The focus was thus not on their own personal experience within an intimate relationship but more broadly on what people in the research context do in response to HIV and AIDS. Four of the focus groups followed a set of questions on relations between boys and girls, and also on the subject of sex and AIDS (see Appendix 2 for the focus group interview schedules used for the five different focus groups). The fifth focus group (with the group of women between 30 and 60 years of age) was a more spontaneous and less-structured discussion. The focus group discussions took place in the pre-school building in one of the villages.

In this study the data from the focus groups tended to be a bit superficial, with many of the statements made by participants not explored in detail. This is partly a function of the way in which the groups were facilitated and also the age of the participants. Obtaining detailed responses from the youngest participants was not possible.

10.1.3 Data collection process: translation and transcription

10.1.3.1 Translation

All of the interviews and focus groups were conducted in *isiXhosa*, the mother-tongue of the participants. In the interviews and focus group discussion which I conducted, I posed the questions in English, and an *isiXhosa*-speaking translator then posed the question in *isiXhosa*. Participants responded in *isiXhosa*, and the response was then translated into English for me by the translator. The translator was a research assistant from outside of the research context because I was doubtful that participants would feel free to discuss the rather personal content matter of the interviews and focus groups with someone whom they knew, and would have to see again after the research process. The interviews and focus groups conducted by the CADRE researchers were conducted directly in *isiXhosa* and then translated into English during the transcription process.

The interviews which were conducted in *isiXhosa* without a translator flow a bit more freely and are longer than the other interviews. It would have been preferable to engage in the research process in the language of the participants. However, given my language abilities, and those of the research participants, this was not possible. Conducting research in a context in which people were familiar with me I think, in part, helped to alleviate some of the constraints on communicating in different languages.

Translation is a difficult process because it relies on the skill and fluency of the translator in two languages, and it also adds a layer of interpretation to the data. Translation thus affects the validity and reliability of the data. There were no checks done on the translation process within the interviews and focus groups, however, once the data was transcribed some terms in the transcriptions remained in *isiXhosa*, without English explanations. I sought assistance from three independent *isiXhosa* speakers to ascertain the meaning of some of these words. Of particular concern were some of the cultural and historical practices related to sexual activity. Interestingly, neither of the two *isiXhosa*-speaking CADRE researchers, nor the two independent *isiXhosa* speakers whom I approached, could interpret some of the words used by the participants. This might have been because of their age, and their lack of familiarity with traditional practices. Some of these words were corroborated by translations used in the anthropological and historical literature, for example, *imitshotsho/emtshotshweni*, *intlombe*, *amagubu*, and *umguyo*.

10.1.3.2 Transcribing

All of the interviews and the focus groups were audio-recorded. These recordings were then transcribed. Poland (2003) comments that transcription quality is not a dominant concern in qualitative research, but that it should be. He argues for a sceptical reflexivity on the multiple interpretive acts that constitute the transcription process and their impact on the process of translating (re-presenting) the interview as audio re-cording and then as textual data (ibid, p. 274). He also problematises the concept of a 'verbatim' transcript because he argues, it is not possible to record the many aspects of interpersonal interaction and nonverbal communication (e.g. eye gazes, facial expressions) on audio-tapes and thus this audiotape is not a verbatim record of the interview. He argues that

even when a transcriber attempts to produce a verbatim account by remaining faithful to the original language and flow of the discussion, and even when the transcriber has a suggested syntax to follow in transcription there are a number of logistical and interpretive challenges to the translation of audiotape conversation into textual form (ibid, pp. 269-270).

An example of these interpretive challenges is that inserting a comma or a period in the text can alter the interpretation of the text. Another problem is that of mistaking words for other similar words. In the case of ambiguity researchers interpolate what makes sense to them as being what was likely uttered during the course of an interview (ibid, p. 270). This is particularly problematic when the person doing the transcription was not directly involved in the research, or has not familiarity with the research issue. Poland (2003) suggests that transcription quality is maximised through paying attention to recording quality, using a notation system, reviewing the quality of the transcription, and flagging ambiguity in the interview or focus group discussion.

In this study I transcribed 3 focus groups and 15 of the interviews. This transcription was of the English translation provided by the translator in the course of the interviews and focus groups. The two CADRE researchers transcribed 2 focus groups and 12 of the individual interviews. An advantage of the transcription process in this study is that those researchers who conducted the interviews or the focus groups transcribed them, reducing the levels of interpretation added to the data in its re-presentation in a textual form.

Conventions for transcribing, or notation systems, have been developed to faithfully represent the details of the conversation including sound, content and structure. Using these

conventions, and reporting on them in the research process, provides the reader with an opportunity to check the adequacy of the claims being made (Poland, 2003). In this study, no standard procedure or notational system for transcribing was used across the transcription by the three transcribers. This was partly pragmatic in that the CADRE researchers transcribed the interviews and focus groups for their own research purposes and I obtained the transcripts some time after this. The quality of the transcriptions could therefore not be reviewed. This might have created inconsistencies between the transcripts and within the data corpus as a whole. However, in the interviews and focus group discussions which I conducted, the conversation between interviewer and participants was recorded as accurately as possible and many of the conventions identified by Poland (2003) were followed, for example:

- indicating turns taken for speakers (interviewer, male participant, female participant, and where necessary, translator)
- pauses were indicated with a series of dots (. . .) where they were more than three seconds
- *isiXhosa* words were used when no direct English equivalent existed
- some details of the conversation other than words were included, for example, laughter
- interruptions of the interviews were recorded and indicated with square brackets []
- parenthesized words using square brackets [()] contain the author's descriptions rather than transcriptions
- ambiguous words or phrases were bracketed and flagged with question marks (??)

Kvale (1996, p. 233) uses the term 'analytical generalisation' which he argues is 'a reasoned judgement about the extent to which the findings from one study can be used as a guide to what might occur in another situation'. However, for this to work, sufficient evidence must be provided by the researcher for the analytic generalisations to be made. This relates to the process of data collection, and the process of data analysis. The validity of the generalisation hinges on the extent to which the attributes compared are relevant, which in turn rests upon rich, dense and thick descriptions of the case. Specifying the supporting evidence, and making the argument explicit, allows the reader to judge the soundness of the generalisation. The way in which the results are presented should illustrate whether it is possible that in other situations the same, or at least recognizable constraints, apply. Seale (1999, cited in Silverman, 2005) argues that reliability in qualitative research is strengthened by providing

low inference descriptors. Practically this means providing verbatim accounts of the research interaction. In reporting on the analysis of the data, presenting longer extracts of data that include the question preceding the respondent's comments and the "continuers" in the interviews, retains the link with the raw data and the origins of the interpretation. In the next two chapters, which present the outcome of the analytic process, the activity systems are described by using detailed examples from the participant's accounts.

11 Ethical issues in the research process

Roth (2005) argues that qualitative research might have particularly complex ethical issues because there are genuine interactions between researchers and participants rather than say in survey research, or with email questionnaire surveys. Adherence to ethically sound research principles is usually regulated by ethical review boards. This study did not have formal ethical clearance because it was conducted prior to universities and research institutions in South Africa obligating researchers to submit proposed research for ethical review. However, the central principles of conducting ethical research, viz. autonomy and respect for the dignity of persons, non-maleficence, and beneficence (Beauchamp & Childress, 2001; Emanuel, Wendler & Grady, 2000), were adhered to throughout the research process. Emanuel et al. (2000) argue for research which is socially valuable, and in which the participants are not exploited, but treated fairly and with respect.

11.1 Autonomy and respect for the dignity of persons

The principle of autonomy and respect for the dignity of persons is most evident in the nature of participants' entry into the research process. Participation must be voluntary, and it must be based on providing informed consent. "Informed consent" involves the provision of information to subjects about the purposes of the research, its procedures, potential risks, benefits and alternatives so that the individual understands the information and can make a voluntary decision whether to participate or not (Emanuel et al. 2000). Ensuring that the research process is confidential is another way of ensuring respect for participants.

11.1.1 Informed consent

In this study, each of the potential participants was approached by the researchers and the translator. They were verbally informed (in *isiXhosa*) of the aim of the research, the issues to be addressed in the interviewing and focus group process, and that their participation in these processes would require up to 90 minutes of their time. They were invited to participate in the study and if they agreed to participate, an arrangement was made to interview them, or they were informed of the date and time of the focus group discussion. Participants were provided with a small monetary incentive to compensate them for the time that they had given to the research process (Koen, Slack, Barsdorf & Essack, 2008). This was not necessarily an inducement to participate in the study as they were not told about the incentive on recruitment, but only after they had agreed to participate in the study. However, it is a small community, and there is no guarantee that participants did not come to know of the incentive from those who had already been approached, and therefore agreed to participate in the study for this reason.

11.1.2 Confidentiality

A second component of this ethical principle is that participants' privacy should be protected. The confidentiality of the information provided by the participants is upheld by managing the personal and identifying information that you have about them. Practically, this meant that although the individual identity of the research participants would be known to the researchers conducting the interviews and focus groups, the names of the participants would not be linked to their views in any written report or presentation of the research findings. In this study, the CADRE researchers recorded and retained the names of the participants, but I did not have access to these names. In the case of my research interviews and focus group discussions, the names of the participants have been recorded in a separate file from that of the transcribed data. For all of the data, in the transcriptions, and in the illustrative extracts used in chapters 5 and 6 of this thesis, the participants are identified by age and sex only. The identity of the community in which this research study was conducted has been revealed because the nature of this context is significant for the contextualisation of the research phenomenon.

Maintaining confidentiality also relates to the storage of research data. In this study the data was stored on my computer, in password protected files. The audio-recordings of the interviews and focus groups which I conducted are stored in a locked cabinet. Poland (2003) recommends that such recordings not be destroyed after the study because this negates the opportunity to verify the adequacy of the transcriptions should the need arise.

11.2 Non-maleficence

The principle of non-maleficence requires that the researcher ensures that no harm comes to the participants through their engagement in the research process. In this study, this principle was potentially compromised in two ways. Firstly the research topic was sensitive because it involved a discussion of sex and sexuality, and also of HIV and AIDS. In many contexts open discussions of sex and sexuality are taboo (Lee, 1993). In addition to this, HIV and AIDS is a highly stigmatised illness (Strode & Barrett-Grant, 2001). Secondly, the research involved the participation of minors (children under the age of 18 years old).

Lee (1993, p. 16) argues that many pressing social problems, such as HIV and AIDS 'defy solution in the absence of increasing knowledge, but require for their understanding entry into private worlds', for example, the private realms of sex and sexuality. Such studies could be defined as sensitive research because they 'raise questions about the kinds of research regarded as permissible in society (and) the extent to which research may encroach upon people's lives' (Lee, 1993, p. 1). Sensitive research is research in which 'there are potential consequences or implications, either directly for the participants in the research or for the class of individuals represented in the research' (Sieber & Stanley, 1988, p. 49, cited in Lee, 1993, p. 3). Lee (1993) further defines research as threatening when it is intrusive (it deals with areas which are private), and when it means that the information revealed might be stigmatising or discriminating in some way. However, instead of not studying these difficult topics, Lee (1993, p. 16) argues that 'the threats which research poses to research participants' needs to be minimized, managed or mitigated. In this study this was done through: the use of particular data collection techniques; re-visiting the notion of informed consent at the start of the focus groups and interviews; linking the study to previous and future interventions; and addressing the particular risks of conducting research with children.

11.2.1 Data collection techniques to manage sensitive discussions

The *data collection techniques* used in this study provided appropriate fora for the discussion of HIV and AIDS, and sex and sexuality, in different ways. Focus group discussions are sometimes used to discuss sensitive topics (Morgan, 1997) and they are useful because the discussion remains at a general level, rather than focussing on the individual research participants. In the focus group process, the discussion focussed on 'What do people in the Amathole Basin do?'. Individual interviews, on the other hand, provide a more private context in which to express opinions and reflect on personal experiences. Lee (1993) argues that privacy, confidentiality and a non-condemnatory attitude in an interview which involves disclosure are important, because they provide a framework of trust. In this study, the interviews were conducted in a private room in the participant's house. In the beginning of the interview, and throughout the interview process, the participants were reminded that what was said in interview would remain confidential, and if the participant did not want to answer a question, this was respected.

11.2.2 Re-visiting informed consent

The process of *informed consent* was revisited at the start of the focus groups and interviews. Participants were reminded of the aims of the research and what would be discussed in the interview. They were also informed that they could withdraw from the study should they so wish. They were also informed of all of the procedures which would be used to maintain confidentiality and to protect their identity. Participants were again asked whether they wanted to participate in the study. All of the participants agreed to participate in the research process.

11.2.3 Embedding the research in broader processes

Importantly, this study was framed by my prior research involvement in the area, and also by the work in 1999-2000 by Kelly (2000; Kelly & Parker, 2000). As explained in section 8 above, on completion of the initial sentinel site survey, community members asked me to report the findings to them. In a feedback meeting to members of the community they expressed concern about the finding (high levels of early debut sex; high levels of sexual activity amongst youth, and lack of adequate precautions against HIV infection) and a desire

to understand why these dynamics existed. In introducing this study, the link was made to the previous study, and thus some of the participants saw their involvement as a follow up to the Kelly (2000; Kelly & Parker, 2000) study. Participant 3m 51 said:

... I know that now you are researching about these things there is something that you want to contribute in terms of helping the people or the community around here so that you could just gather information and understand what is there and understand the situation¹⁴.

The research process also led to a research intervention in the area. In 2001, Save the Children contracted a team of people to engage in a social mobilisation in the area, Kevin Kelly being one of them. This process researched the community members' responses to HIV and AIDS and initiated various interventions on a community level to address awareness of, and discrimination related to HIV and AIDS. I was involved in this social mobilisation. My research study was thus not a once-off and *ad hoc* engagement with the community, but related to other processes which were more long-term and had interventionist aims.

11.2.4 Research with child participants

In some ways, involving children in a research process is an acknowledgement of the value of their perspective, and also their right to express themselves about issues which matter in society. Smith and Taylor (2003, p.1, cited in Maguire, 2005) argue that "young children value being informed and having the opportunity to express their views". In their study children demonstrated competence and resilience in talking about the sensitive issue of parental separation. However, research with child participants raises particular ethical issues (Maguire, 2005). One of the dominant issues is the decision-making capacity of child participants in research (Maguire, 2005). In most societies, children do not have the legal status to assent to research, and are assumed not to have the maturity to assent to participant in an informed way. Through assessing whether the research will be of harm to the child participant, an adult is assumed to be able to provide, or withhold, proxy consent. However, Maguire's (2005) research illustrates that whether or not adults assent to children's

¹⁴ The extracts are prefaced with a number, an indication of gender (f for female participant, m for male participant), and then the participant's age (if known), or their age category, e.g. 3f 49 is a female participant, 49 years of age. Participants who were over the age of 55 but whose exact age was unknown, were referenced 55+. Extracts from focus groups are indicated by the use of FG, the focus group number, and the age group of the participants (e.g. FG3 10-15 young boys). If a longer excerpt from the interview or focus group is used, f indicates the interviewer, and participants are indicated by f (or F/T for the female participant and M/T for the male participant in a couple interview speaking through a translator). Pauses in the extracts are indicated by - - - . If lines in a transcript have been left out, they are indicated in the same way. Explanatory notes are indicated with square brackets: []. In the interests of readability, some of the transcription details in these extracts have been omitted.

participation in a research process; children can, on their own, comply, assent or dissent in research activities, or even challenge the researcher's agenda. There is also some debate about whether adults always have the child's best interests at heart and whether they necessarily know what may be of harm to a child (Kay, Cree, Tisdale & Wallace, 2003; Maguire, 2005). However, most ethics review boards require that adults give consent for child participants (Shrag, 2006; Slack, Strode, Fleischer, Gray & Ranchod, 2007).

In this study the researchers, together with a research assistant who lived in the area, identified participants who met the criteria needed for the sample. They then visited these potential participants in their homestead. The older participants were asked directly whether or not they would agree to participate in the research. In the case of the younger participants, a parent or guardian present in the homestead was asked whether a particular child could participate in the research process. In the case of the younger research participants (between the ages of 10 and 17), it is not clear how the adult negotiated their participation in the research process. It could be that the parent instructed the child to participate in the research process. Although this might not be ideal, the focus group with these younger children discussed general issues (their knowledge of HIV and AIDS, what they thought about people with HIV and AIDS, etc.), and therefore 'forcing' them to participate in the process would not necessarily have been a negative experience. Kay et al. (2003) argue that sometimes children are not able to say they do not want to participate in a research process, however they withhold their participation by being silent in the discussion or interview.

In this study, as mentioned above, informed consent was revisited at the start of all of the focus groups and interviews (which included all of the participants between 10 and 17 years of age). Thus despite what might have happened in the household, the researchers were involved in a re-negotiation of the younger participants' participation in the research process. All of the participants assented to participate in the research.

11.3 Beneficence

Adhering to the principle of beneficence in a research study means that the researcher should maximise the benefits of the research for the participants. The study seems to have been of benefit to the participants in that through their participation in the focus groups and interviews, they had the opportunity to discuss their perspectives on HIV and AIDS, and also

to raise issues with the researchers. The interview discussion of sex and sexuality seemed to be valuable to some of the participants. One of the female participants wanted advice about sexual activity after pregnancy. At the end of another interview which I conducted, a young female participant, 19 years of age commented: *I like talking about this. I would not talk to my mother. I don't know how to approach her talking about it. I would be happy if she started (to talk).* The older female focus group participants asked me: *What are the signs if one has HIV/AIDS? How does the female condom work? Where can we get it?*

Although no direct attempt was made to educate participants about HIV and AIDS, any misconceptions and myths about HIV and AIDS, for example about transmission of the virus, were addressed by the researchers in the interviews and focus groups. In one of the focus groups conducted by the CADRE researchers (FG 5 10-15 years of age), the young boys said that *when one coughs a lot then you know that they have AIDS.* The researcher responded:

one can only know that they have AIDS or HIV by doing a blood test .. it is not really possible to be able to say by looking at a person that they have the disease. ... This is why people are cautioned to use condoms when sleeping with their partners because one cannot tell by looking at one's partner whether the person has AIDS or not and it is always safe you know to play it safe by using a condom.

Addressing misconceptions was not always a simple process. In one of the interviews I conducted, a male participant (3m 51) argued that he thought the virus might be *something that is made up. Perhaps caused by bewitching or something like that. There could be someone that is cooking it up because there are these people.*

Even after I had explained that HIV was a virus which originated with monkeys (primates), the participant continued to state that it came about as an intentional bewitchment of one person by another. He also focussed very literally on the idea that the virus was in monkeys:

M: Was it a monkey that belongs to someone or in the forest?

I: no a wild one

M/T: yo

I: but its not in these monkeys [in the Amathole Basin forest]

M/T: it's a different case when it is a monkey, because even these monkeys, they do bite you. There is one case of a guy who was bitten by a monkey. So I thought it perhaps would be a person who has got his own monkey, that kept it and perhaps he bewitched the monkey or gives the poison to the monkey and then that poison is spreading through monkeys.

... Where was this person who got bitten?

I: somewhere living in the middle of Africa

M: In the bushes?

I: Yes in the bushes

M: was he hunting?
I: I'm not sure.
M: Its hard when it is like that.

A focussed, in-depth study in a particular context also contributes to the principle of justice in research. The principle of justice in research is concerned with who carries the burdens of the research and who benefits from the research process. Frequently researchers benefit through obtaining a degree, promotion, publications etc., while the life circumstances of the research participants remain the same. This study has value for society, and the HIV and AIDS field in particular, in that it engages critically with the use of the term 'context' and makes a contribution to the study of behaviour and behaviour change. At the end of the thesis I make recommendations for an intervention approach based on the analysis of the data collected in this study.

12 Data analysis

Activity theory does not provide ready-made procedures for conducting research and this includes the process of data analysis. However, as outlined in an earlier section the principles of activity theory provide for specific ways of understanding human behaviour. In section 3.2.1 above, I argued that the significance of activity theory for understanding human behaviour is in its production of context. Activity theory, and activity system analysis as expressed by Engeström in particular, provides a mechanism for contextualisation. In this section I will illustrate how activity system analysis enables the production of context.

It is important to acknowledge that I did not approach the process of data analysis with a clear idea of what would be needed. There was a huge gap between the data corpus in the form of transcripts from the interviews and focus groups, and the notion of the activity system. Many applications of CHAT seemed to focus on the use of the activity system triangle as a heuristic, or 'toolkit' for analysis (Akhurst & Evans, 2007; Bødker & Grønboek, 1991; Gifford & Enyedy, 1999; Van Vlaenderen, 1998; Virkkunen & Kuutti, 2000). However, these applications do not explain *how* one arrives at a description of the activity system.

There were several layers to the analytic procedure. These included managing and processing the data corpus in such a way that it could be analysed in terms of activity systems; constructing the activity system/s; and engaging in an analysis of the activity systems. These layers of the analytic activity are not necessarily sequential, nor are they completely independent of one another. In the section below, I will describe each of these processes.

12.1 The first stage of processing the data

CHAT does not provide specific procedures for engaging with a body of data. For this stage of the analytic process I drew on a range of strategies used in qualitative data analysis (Glaser & Strauss, 1967; Kelly, 2006; Kvale, 1996; Silverman, 2005; Terre Blanche, Kelly & Durrheim, 2006; Strauss & Corbin, 1990). I began with an immersion in the data. This involved reading and re-reading all of the transcripts.

In this study, the first step in organising the data involved reading one or two of the transcripts for broad themes. This helped me to organise the data into 'issues'. I worked with the transcripts and extracted and grouped excerpts from the data that related to particular issues (for example, 'learning about sex' or 'entering into sexual practices'). I systematically worked through all of the transcripts organising the data into these broad themes. This step-wise and data-driven process is similar to basic thematic coding in grounded theory methodology (Glaser & Strauss, 1967; Strauss & Corbin, 1990).

I then re-examined each of the themes identified in the first phase of the coding process. I focussed on the specific meanings of each theme, reworking and refining them. I examined the extracts in each theme for their consistency with the broad theme. This approach drew on the constant comparative method which Silverman (2005) proposes as one way to engage critically in qualitative data analysis. This method involves 'inspecting and comparing all the data fragments that arise in a single case' (Glaser & Strauss, 1967, cited in Silverman, 2005, p. 214).

I also looked for overlaps between themes, and for themes which I had overlooked. This process broadly followed the grounded theory principles of ensuring that themes are exhaustive and mutually exclusive (Strauss & Corbin, 1990). It also drew on Silverman's

(2005) notion of comprehensive data treatment. Silverman (2005) argues that in order to avoid subjectively selecting particular cases that fit the argument, one needs to inspect and analyse *all* parts of the data, questioning whether the generalisation apply to every single gobbet of relevant data collected. This comprehensive description of the phenomenon enhances the validity of the analysis.

During this process I started a record of my reflections on the data, saving this as a 'worked version' of the analysis of each theme. Strauss and Corbin (1990) refer to this as 'memoing'. In this process I started to think about the data in terms of 'what it was saying' about the phenomena. This took place on two levels. Firstly, an analysis on a descriptive level: for example, in the theme 'entering into sexual practices' I tried to describe when and how the participants approached, or were approached by, partners; where this happened; who made the first proposal and how this was done; and what was the participants' first sexual interaction. This descriptive level is what Boyatzis (1998) refers to as the 'manifest' meaning of the data. Then I began to develop what I referred to as 'higher order themes'. These were generated by using a set of questions which reflected the research problem such as: Under what conditions do youth become sexually active for the first time? What mediates the nature of the sexual interaction? What norms and conditions are evident in this interaction? What sustains this kind of interaction? What resources do the participants draw on (for example, what kind of 'conceptual' resource is HIV and AIDS)? How does this set the stage for future sexual activity? This process is described by Boyatzis (1998) as working with the latent meaning of the data. This process generated a provisional analytic scheme (Silverman, 2005) which was then checked for consistency across the whole data corpus, adjusting it where necessary.

Organising and structuring the data in this way was, however, only a preliminary step. The critical contribution of activity theory to the understanding of human behaviour is a dialectical conceptualisation of the relationship between the individual and society. This is operationalised through firstly adopting activity as the unit of analysis; and secondly through adopting Engeström's (1987, 1996) notion of an *activity system*. The contextualisation of the activity occurs through articulating this activity system, its multiple components and the relations between them.

12.2 Constructing the activity system(s)

Engeström's (1987, 1996) model of an activity system contains critical components which mediate an activity. By organising and interpreting the data in relation to these components, the activity system of sexual activity was constructed. Engeström (1987) argues that engaging with an activity system as a unit of analysis calls for complementarity of the system view and the subject's view. The analyst constructs the activity system as if looking at it from above. At the same time, the analyst selects a *subject*, a member of the local activity, through whose eyes and interpretations the activity is constructed. This meant understanding the data in terms of the different *subjects* of the activity system (for example, a man and a woman), their *object* in the activity, and the possible *outcomes* of the activity. Engeström (1987) argues that the dialectic between the subject view and the systemic view (represented in each of the components of the activity system) generates a 'dialogue' with the local activity. Thus, identifying the critical mediators of the activity (such as the physical and conceptual *tools* which operated in the system; the dominant *rules, norms* and *conditions* which governed the participants' experiences of sexual activity; the *community* or main reference point for each of the subjects; and the *division of labour* in the activity (roles and responsibilities in sexual activity; and power, status, and gender dynamics in the sexual activity), and examining them in relation to the *subject* view, constituted one aspect of the analysis of the data. The heuristic device of the triangular model of the activity system therefore becomes a tool to explore the individual-social dialectic.

In the initial phase of this process, an activity system was constructed for four 'typical' subjects across two broad time periods: a young man currently, a young woman currently, and a young man historically, and a young woman historically. This served as a preliminary but rather mechanistic interpretation of the activity systems. It also did not quite answer the research questions.

To develop on this layer of analysis, I returned to one of the theoretical principles of activity theory. Any activity has a history, and in the CHAT approach, an historical perspective on the activity is methodologically essential for an understanding of the activity. I therefore began to analyse the secondary data from the historical and anthropological accounts of sexual activity in the research context, constructing an historical version of the activity system. However, as I

worked with this secondary data, and reflected on the data as a whole, it seemed that three distinct phases of the activity system of sexual activity could be constructed.

The historical and anthropological accounts discussed in section 10 above reflected on sexual practices from the late 1800s (Hunter's 1936 study) to approximately the 1950s (the Mayer's 1970 study). These accounts provided material for what I refer to as the 'first phase' of the activity system of sexual activity. The oldest research participants were born in the 1930s and were sexually active in the 1950s. Although their accounts overlapped with some of the historical and anthropological literature, it seemed appropriate to use their accounts to construct a second phase of the activity system. A third significant perspective in the data was that of the younger participants. In South Africa, those most vulnerable to HIV infection are between 15 and 24. The research participants in this age category would have been born from 1976. I therefore defined a third stage of the activity system related to these participants which incorporated all of the participants born from 1976. This periodisation generated two historical contextualisations of sexual activity in the research context: from the late 1800s to the 1950s; and from the 1950s to 1976; and, a current contextualisation from 1976 to when the data was collected in 2000. I acknowledge that identifying three 'phases' and three particular 'activity systems' is an artificial bracketing of time periods. However, it proved methodologically useful in that it allowed me to understand the generative mechanisms of the current activity system of sexual activity of youth in the research context.

The construction of the activity system in three phases (two historical and one current) is a mechanism of contextualisation which allows the mediated and historical nature of the activity to be analysable. A third form of contextualisation occurred through recognising the inherently dynamic and turbulent nature of the system.

12.3 Analysing the activity system: working with turbulence

As outlined in section 3.3 above, in the process of 'human life' the components of the system are constructed, renewed and transformed. An analysis of the development of the activity system involves tracing the 'disruptions, troubles and innovations' (Engeström, 1996, p. 72) of both the historical, and the current, mode of the activity. What this meant was that in

constructing the activity systems, changes in each of the components of the system over time were noted. For example, some of the questions which arose were:

- What tools (conceptual and physical) mediated sexual activity in the earlier phases of the activity system? How had these tools changed over the three phases of the activity system?
- What norms or conditions governed the sexual activity historically and how were these norms and conditions troubled over the development of the system?
- What new components were introduced into the activity system over time? What effect did this have on the activity system?

Although discussed as a separate phase of the analytic process, this process of examining the data for disturbances occurred simultaneously with the process of constructing the historical and current activity systems. Identifying the various disruptions and disturbances which occurred over the process of the development of the activity system led to the identification of historically accumulating structural tensions and internal contradictions within the system. In this study two sets of contradictions were identified: primary contradictions, within the different components of the activity system; and secondary contradictions, between components of the activity system.

Identifying these contradictions is a critical step in understanding the relative status of the activity system, or as Engeström (1987) argues, the problems and potentials of the activity. This is because, as argued above, contradictions are essential to the activity system as a dynamic source of development and transition. Mapping the historical development of the tensions and contradictions in the system becomes a way of understanding the transformation which has occurred in the system. This analysis also reveals resistance to change and can highlight the potential for change in the activity system. This analytic step is particularly significant for understanding behaviour change in response to HIV and AIDS.

13 Moving to understand behaviour change through the production of context

This chapter has explicated the mechanisms of a CHAT approach in a research study. It explained how the research design of a CHAT study extends beyond that of qualitative research. It discussed the critical contribution of CHAT to the study of human behaviour

through recovering the notion of activity; re-appropriating the concept of context; and highlighting the significance of the dynamic nature of activity. In describing the research process, this chapter has articulated the way in which activity system analysis exposes the individual-social dialectic and is a mechanism for contextualisation, with the triangular model of the activity system a tool to investigate context.

In the next two chapters the analysis of sexual activity, a concrete, culturally-mediated, historically evolving, object-oriented activity, is presented. These chapters illustrate that it is the analytic approach based on the principles of activity theory which *is* the production of context. It is this process which enables a re-examination of the problem of behaviour change in response to HIV and AIDS.

Chapter 5 Historical activity system analysis

1 Introduction

One of the problems with the conceptualisation of behaviour within the HIV and AIDS literature is an inadequate theorization of context. Activity theory contributes significantly to the study of human behaviour in more appropriately explicating the individual-social dialectic. In this chapter I present the first contextualisation of sexual activity in the research context of an historical contextualisation. A core premise of activity theory is that history permeates current practices and a descriptive analysis of current behaviour does not, on its own, provide an adequate basis for explanation. An historical and developmental form of explanation presents the activity as an ongoing historical-cultural system and is methodologically essential for an understanding of the activity in its current form. This contextualisation therefore potentially contributes to understanding a lack of behaviour change in response to HIV and AIDS.

The historical contextualisation of the phenomenon occurs through the construction and analysis of the activity system. Tracing the disruptions, troubles and innovations in the activity over time reveals the development of the system. It highlights the tensions present within, and between, components of the system, how these have developed into contradictions, and how they have led to shifts in the system. This analysis of the system over time makes apparent the dialectical relationship that holds between continuity and change.

As discussed in the previous chapter, the primary and secondary data were used to construct the activity systems of sexual activity representing two historical time periods in the research context. This artificial periodisation proved useful in understanding the development of the current phase of the activity system. In this chapter I present these phases of the historical form of the sexual activity using the perspective of a young man and a young woman as the *subject*.

In the first half of this chapter I use the secondary data in the historical and anthropological accounts to describe what I have referred to as the first phase of the activity system. These

accounts describe the structure, attitude towards, and nature of sexual activity, from the late 1800s to the 1950s. In the second part of this chapter I use the experiences of the older research participants to provide an historical account of a second phase of the activity system from the 1950s to 1976, and the tensions and contradictions in this system. This establishes the groundwork for a description and analysis of the third phase of the activity system which is presented in Chapter 6.

2 First phase of the activity system of sexual activity

For this first phase of the activity system I draw on the secondary data in the form of historical and anthropological accounts of sexual practices in the research context, or contexts similar to that in which the research was conducted, for the period of the late 1800s to the late 1950s. Recognising the limitations of this kind of data, I use it as a means of reflecting on the components of the activity system (viz., subject, object, outcome, rules, community and division of labour), and analysing the historical tensions and contradictions inherent in this system.

A significant factor governing sexual activity during this time period was the attitude towards sex and sexuality. Delius and Glaser (2002) argue that material on early African communities portrays a distinctly different response to sex and sexuality from that which exists today. The historical accounts suggest that sex was seen as a legitimate source of pleasure which in the activity system would be a *norm* governing the activity system. Mayer and Mayer (1970, p. 159) comment that 'sexual gratification [was] valued positively at all ages'. Sexual abstinence was not regarded as a virtue in itself, and chastity was not sanctified. This response to sexuality is illustrated in a number of processes.

Hunter (1936) argues that there was a relative openness in the recognition sexual issues. Sexual behaviour was not obscured and children were familiar with sexual matters from an early age (Hunter, 1936), demonstrated in their play with games of a sexual character (Delius & Glaser, 2002, citing Schapera 1940 and Pitje, 1948). Sleeping in the same room as their parents exposed children to sexual activity (Caldwell, Caldwell & Quiggin, 1989). Research by Hunter (1936) in the Eastern Cape in the early 1900s, and also in the 1940s and 50s by Mayer and Mayer (1970), illustrates that developmental transitions such as puberty and

menstruation were not seen as private affairs, but openly acknowledged and celebrated, often through initiation processes for both boys¹⁵ and girls¹⁶. In the research context (historically and currently), male youth undergo a process of initiation and circumcision as a ceremonial transition to manhood, becoming a *bhuti* (Hunter, 1936). This cultural process establishes an expectation (or *norm*) of being sexually active, particularly for male youth. Mayer and Mayer (1970, p. 159) argue that historically adolescent sexuality was recognised and adolescence was seen as a time when sex should be practised vigorously. The activity was, to a certain degree facilitated through providing access to independent living spaces. At puberty, young people were moved into boys' and girls' huts¹⁷, away from their parents. Moving into these separate sleeping quarters facilitated opportunities for sexual interaction and prevented youth from having to sleep secretly out in the veldt (Delius & Glaser, 2002). In the activity system, these therefore functioned as *mediating artefacts* of the activity. The provision of separate sleeping quarters allowed premarital sexual activity, but also permitted a degree of surveillance of the activity. Sexuality was thus not discouraged, but discretion was expected (Caldwell et al., 1989). Mayer and Mayer (1970, p. 175) comment that

with puberty the children must learn to refrain from any mention or hint of sexual things in their parents' presence. This does not indicate guilt or shame about sexuality as such; it is merely the *hlonipha* (respect behaviour) due to parents.

There was thus a strong recognition, acknowledgement and legitimisation, of the power and centrality of sexuality in human experience (Delius & Glaser, 2002). This attitude towards sex and sexuality constructs particular rules, norms, conditions and regulations in relation to sexual practice. The *rules* component of an activity system refers to the explicit and implicit regulations, norms and conventions that constrain actions and interactions within the activity system (Engeström, 1993). These may be formal or informal, and there may be contradictory rules/norms within one system.

¹⁵ Historically the manhood initiation ceremony was performed when a boy was about 18 years of age. Mayer and Mayer (1970, p. 161) comment: 'Small neighbourhood groups of candidates are circumcised, then secluded in the bush for up to four months. There is an emphasis on courage (not flinching at circumcision) but also on control of aggressive impulses (not fighting during the seclusion period). The coming-out ceremony is held jointly for a community or location, and is a massive affair watched by crowds of people. The novices, muffled in white blankets, are harangued by elders about the dignity and responsibilities of manhood' (After initiation the young man or *umfana* is free to marry, and obliged to behave in an adult way).

¹⁶ Hunter (1936) reflects on the process of *ukuthombisa* which happens for young girls on menstruation. This ceremony involves seclusion and 'the observance of certain taboos during that seclusion, the use of bleaching agents on the skin, the performance of certain ritual killings and ritual dances, a ritual cleansing at the end of the seclusion, and the behaviour of a girl for a period in her own home as if she were a bride' (ibid, p.166).

¹⁷ In this rural context a homestead is usually made up of several buildings on one property. These may be the main house of two bedrooms, a single room rondavel (a round building with thatched roof), and single roomed dwellings which are not physically connected to the main house.

As mentioned above, the historical accounts suggest that sexual gratification was valued positively at all ages (Mayer & Mayer, 1970, p. 159) and was seen as a legitimate source of pleasure. The dominant norm in this context historically was thus that sexuality was not discouraged and premarital sexual activity amongst adolescents was permitted.

Mayer and Mayer (1970) comment on the peer disapproval of both girls and boys who do not engage in the permitted 'sexual play'. Their research participants commented that sexually inactive girls are likely to become 'witches' and

a male who has no sweethearts is an *isishumana* is unlikely to enjoy prestige. Girls say they prefer as a sweetheart a boy who has many girl friends. [They say] 'I don't mind how many he has besides me; I like it, for I am proud of him' (ibid, pp. 175-176)

This highlights a significant part of the *outcome* of the sexual activity. Historically, for both male and female subjects affirmation of a particular identity, as one who is sexually active, was important.

A major constraint in this early form of the activity system was the negative *outcome* of pregnancy. Why was pregnancy such a problem? Caldwell et al. (1989) argue that child-bearing creates shifts in the way that a social group relates by affecting lineage, inheritance rights and therefore access to land and resources. Premarital pregnancy disrupts this social fabric. A major tension, or contradiction, within the activity system at this time was thus between an awareness of the 'strong passions which swayed pubescent hearts and minds' (Delius & Glaser, 2002, p. 31), and the potential problematic outcome of the social disorder resulting from the 'impregnation of potential wives' (Mayer & Mayer, 1970, p. 159). To manage this tension premarital sexual relations were permitted, but there were strong prohibitions and sanctions against premarital pregnancy (Caldwell et al., 1989; Glaser & Delius, 2002; Hunter, 1936; Mayer & Mayer, 1970). It is important to highlight here that it was not sexual activity itself which was seen as the problem, but rather procreation (Caldwell et al., 1989). There were several processes which regulated sexual activity particularly in relation to procreation. These included the concept of 'bridewealth' and the monitoring and management of youth sexuality.

Historically in this research context, lineage and inheritance rights passed through the paternal line and were managed through the formal recognition and regulation of relationships between men and women. Marriage was recognised as not only a union between two

individuals, but as a symbolic union between the two families concerned (Hunter, 1936; Thomas, 2007), and involved the transfer of bride-wealth, known as the payment of *lobola*. Paying *lobola* was a pre-requisite for the validation of a customary marriage. This payment was usually in the form of cattle which were central to the social and economic relations of pastoralist groups. Cattle were the primary means of maintaining proper relations with ancestral spirits through ritual slaughtering. Cattle provided men (in particular) with the means to engage in, and maintain, social networks and circuits of exchange (Hunter, 1936). Kaufman, de Wet and Stadler (2001, pp. 153-154) argue that the payment of *lobola* represented an

economic exchange joining two families, as well as the transfer of rights over the productive (labour) and reproductive capacity of the woman. The groom and his family provided cattle to the bride's family to join lineages symbolically, but also to make up materially for the loss of the girl's productive power in her natal household.

Marriage and *lobola* payment were thus richly symbolic. They allowed both men and women to gain status, and fulfilled a social and economic role of securing access to property, resources and support. Transfer of bride-wealth by the male to the female's household also ensured that the male lineage had rights over the children (Caldwell et al., 1989). Pre-marital pregnancy threatened this. For the *subjects* of the activity systems there was thus a tension between being sexually active (having sex vigorously), and the prohibition on having children before the relationship was formalised.

Mayer and Mayer (1970) argue that historically, communities attempted to negotiate the tension between acknowledged adolescent sexuality and the risk of pre-marital pregnancy through establishing limited forms of sexual release and effective forms of sexual monitoring and management. Delius and Glaser (2001) argue that this was done through high levels of sexual education and regulation, and well-established mechanisms for preventing illegitimacy. These mechanisms of the regulation of sexuality included encouraging specific sexual techniques such as limited intercourse; instituting controls such as virginity testing and penalising premarital pregnancy; and, harnessing peer socialisation processes.

2.1 Mechanisms for the regulation of sexuality

These mechanisms of the regulation of sexuality included encouraging specific sexual techniques. Within the activity system these form part of the *mediating artefacts or tools*. In

the activity system the *object* is moulded or transformed into *outcomes* with the help of physical and symbolic external and internal *tools* (mediating instruments and signs).

2.1.1 Intercrural sex

Mayer and Mayer (1970) comment that during the period of adolescent sexuality before marriage, the tension between sexual desire and the negative consequence of pregnancy was resolved through maintaining a barrier to penetrative sex in the form of intercourse without full penetration. This was intercrural sex, called thigh sex, or *ukumetsha* in *isiXhosa* (Caldwell et al., 1989). This sex play retained technical virginity (Mayer & Mayer, 1970) and prevented pregnancy. Both partners in the activity were aware of the need for the practice of thigh sex but particular responsibility was placed on the girls to ensure that the limits were observed and the girl was not supposed to take off her underwear. Hunter (1936, p. 82) commented that *ukumetsha* is regarded as a right and natural thing to do and it is referred to as children's play.

The second mechanism for the regulation of sexuality included instituting controls such as virginity testing, and penalising premarital pregnancy. These controls form part of the *rules, norms and conditions* of the activity system.

2.1.2 Virginity inspection

Virginity inspection was a form of adult monitoring and regulation of sexual activity. Hunter (1936) argues that historically girls were regularly examined to ensure adherence to the *ukumetsha* (intercrural sex) practice. She comments:

Old women tell me that formerly after any gathering of young people at a wedding, or a girl's initiation, the girls who took part were physically examined by the older women of the *umzi* (homestead) at which the gathering took place. Girls might also be examined by their mothers in their own homes. (Hunter, 1939, pp. 182-183)

The formally organised inspections involved a physical examination of the vagina and hymen to see whether penetrative sex had taken place (Hunter, 1936) and determined whether these girls were virgins (Leclerc-Madlala, 2003). Loss of virginity before marriage was severely sanctioned, because it led to a loss of value in the future *lobola* price and undermined a girl's chances of marriage (Mayer & Mayer, 1970). Another major control on sexuality was the penalties incurred for premarital pregnancy.

2.1.3 Penalising premarital pregnancy

Premarital pregnancy was dealt with publicly and had severe consequences for both male and female partners and their families. Hunter (1936) argues that in the event of a premarital pregnancy, morally, girls faced the wrath of their elders and ancestors. Premarital pregnancy was an extremely shameful experience leading to ridicule, public humiliation and social isolation. The girl was held to have disgraced both herself and her companions, and they collectively entered a period of *mourning* (Hunter, 1936). For the boy, the cost was to the family and particularly the father who was required to pay *damages* to the family of the impregnated girl. Hunter (1936, p. 183) comments that

If the girl was found to have lost her virginity, the man with whom she was known to have slept before the examination was held responsible and he or his father had to pay a fine in cattle, usually five head if pregnancy resulted, three head if the girl did not become pregnant.

The fine was compensation for the impact a pre-marital pregnancy would have on the bridewealth. Kaufman et al. (2001) argue that the fine was for disrespectful behaviour and recompense for the *loss* of the daughter. The young mother's family was also entitled to economic support for the child. The young man and his family thus carried the greater financial cost of the consequences of sexual activity.

The activity system of sexual practice was thus historically governed by very clearly articulated sanctions and prohibitions on penetrative sex. The consequences of pre-marital pregnancy were severe and the *subjects* of the activity system were well aware of these costs.

Another set of mechanisms for the regulation of sexuality harnessed peer socialisation processes which form part of the *community* component of the activity system. In an activity system, the *community* comprises multiple individuals and/or subgroups who share the same general *object*, that is, who are *occupied* with the same object of the activity. The community is the *subject's* primary reference group for identity. It is this *community* which constructs the individual's repertoire of possible actions in relation to sexual activity through articulating the norms, expectations and conditions that create or constrain the possibility of sex happening in a particular way.

2.1.4 Youth organisations as peer socialization processes

Research on Xhosa youth conducted by Mayer and Mayer (1970) in the 1960s in the Eastern Cape reveal the significant role that peer group socialisation and control had on adolescent sexuality. Mayer and Mayer (1970, p. 160) describe the series of processes and structures in place in the former Ciskei and Transkei specifically for the 'practicing' of sexual behaviour, and 'inculcating appropriate values and patterns of behaviour'. In these processes the morality and sexual behaviour of adolescents was encouraged and strictly monitored by young people only a little older than themselves. Whilst acknowledging that sexual gratification was important for adolescents, but wanting to avoid premarital pregnancy, these processes enabled control, but not inhibition, of sexual activity. Mayer and Mayer (1970) argue that peer groups provided a 'positive' guidance and an opportunity for 'active practice' as opposed to the 'negative' guidance of restraint or inhibition from family, kin group and neighbourhood.

Both male and female youth participated in distinct stages of youth organisation which promoted and trained youth in particular sexual practices, such as *ukumetsha*, to avoid pregnancy. Mayer and Mayer (1970) refer to the different levels of these organisations, *intutu* were gatherings of young boys and girls, *mtshotsho* of adolescents and *intlombe* of initiated young men of about 19-20 years of age, with their girls. Hunter (1936) comments that the events were attended by girls and boys from as young as 8 or 9 years of age. In her description:

The young people of one small local district ó perhaps all those who live on one [mountain] ridge ó gather in the evening in a secluded spot in the veld or in a deserted hut. They dance and sing, then pair off and sleep together. (ibid, p. 180)

As the children became older:

Girls from about 14 and boys from about 16 begin to go to gatherings of young people farther afield. They join the young people of neighbouring districts at parties for dancing and singing í The parties of these older girls and boys and young men may last for two or three days. (ibid, p. 181)

Mayer and Mayer (1970, p. 160) comment that these events also involved 'a great deal of sweethearting', what Hunter (1936) refers to as *ukumetsha* or 'limited sexual relations'. Although Hunter (1936) refers to these gatherings (*izitshotsho* or *amagubura*) almost incidentally, Mayer and Mayer (1970) make a clear argument for their distinctive role in the socialisation of young Xhosa girls and boys by their peers.

As mentioned previously, boys were involved in initiation processes which marked the transition to adulthood and this was part of the peer socialization process. Events related to the male initiation process, such as entering (*umguyo*), or returning (*mgidi*) from the initiation process provided sanctioned opportunities for youth to meet with members of the opposite sex and to engage in sexual activity. For example, during this period of the seclusion for the young girls (*ukuthombisa*), the hut of the *intonjane* (the initiate) is ða centre for the unmarried girls and young men (whether married or unmarried) of the district. They may spend days thereí The time is spent dancing, singing and sweethearting (*ukumetsha*)ö (ibid, p. 172). However, by the time Mayer and Mayer (1970) conducted their research, the female initiation process of *ukuthombisa* referred to by Hunter (1936) seemed to have fallen away.

As mentioned above, in an activity system, the *community* comprises multiple individuals and/or subgroups who share the same general *object* and are the subject's primary reference group for identity. In the activity system historically, although adults seemed to have played a more marginal role in the socialization of sexual activity, they condoned the peer socialisation process because the values and practices transmitted were concomitant with those of the broader Xhosa society. Mayer and Mayer (1970) comment that the youth culture around sexuality did not contrast with that of adults. In fact, in the absence of adults, youth carried out, monitored, and regulated practices with the same expectations of the adults. Peer group pressures thus intersected with more direct forms of adult monitoring and control such as virginity inspection.

The triangular model of the activity system (Engeström, 1996) has been implicit throughout this discussion of the data. The framework provided by the model was critical in enabling me to generate an analysis of the data. In presenting models of the activity system in these empirical sections of the thesis I provide a trace of this analytic process. However, rather than representing a comprehensive analysis of the whole activity system, the graphic depiction of the model is used to highlight particular components of the activity system and significant dynamics between these components which are critical to understanding the nature of the problem. For example, the key components of and tensions within the first phase of the activity system of sexual activity, are illustrated in Figure 15 below.

Peer socialization events (*umguyo, imitshotsho*); adolescents in separate living quarters
Ukumetsha (intercrural sex)

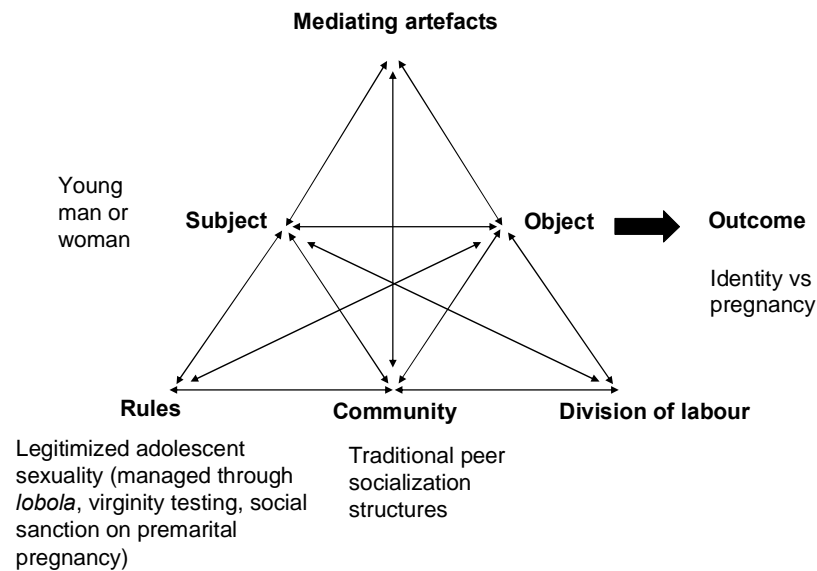


Figure 15. Model of the first phase of the activity system of sexual activity

In this system, a dominant *norm* of the legitimization of adolescent sexuality is apparent. A central *outcome* of the activity for the male and female adolescent *subjects* is that of identity (being seen as sexually active). However, this outcome is in tension with the negative *outcome* of pregnancy. This tension is managed through the regulatory devices (or *rules, conditions and norms*) of the payment of *lobola*; virginity testing; and the social sanctioning of premarital pregnancy. In this first phase of the activity system peer socialization structures (as the *community* component of the activity system) play a critical role in the regulation of sexual activity amongst youth. Although sexual activity is facilitated through the provision by parents of separate sleeping quarters (a *mediating device*) for adolescents, and the events related to the peer socialization process (*umguyo, imitshotsho*), engaging in sexual activity without causing pregnancy is facilitated by the *mediating device* of *ukumetsha* or intercrural sex.

The historical and anthropological accounts of life in the Eastern Cape Province illustrate significant social forces which impacted on the activity systems of sexual activity in the research area. This generates a second phase of the historical account of the activity system.

3 Second phase of the activity system of sexual activity

This section draws on two sources of data to construct the activity system: the references in the historical and anthropological accounts to transitions in the nature of sexual activity; and the accounts of the older research participants who were born after 1930 (and who are 29 to 71 years of age).

I introduce this section with two extracts¹⁸ from the data which provide an historical perspective on the context and some of the conditions under which sexual activity occurred, in this case the first sexual experience of two female participants.

A perspective on the past: Red blankets and bull fighting

And then I asked from the older girls what I should do. And I was told that if you, you are going to leave [this umtshotsho event] with this boy, you must bring ibhayi with you. You know ibhayi, it is something you wrap around you [a blanket]... and I had to carry that and ours was a little bit bigger, because I would have to make it a blanket there. But I would have to come with that and also I was wearing er...umbhaco¹⁹, which is that shorter skirt which we were using.... I was not going to a room, and so you would start with ibhayi, to put it on top of the grass so that you can make it.....easy for....So he [the boy] told me to put the blanket, the ibhayi down.... So I was told, by the older girls, to drag the things, and not do it as quickly as he asked me to. ...so I delayed the process of laying there like a....But eventually I did. And then he told me to come and sleep with him. I also delayed that, the whole process of sleeping with him. But eventually I came and slept on the blanket... I faced the other way around, the other side, as I was told by the bigger girls that this is how you have to do it, you don't face towards him... Then he told me to face to him. I delayed the process. And eventually I did it....One thing we disagreed about...he wanted me to take off my panty. I didn't agree with him as my mother warned me about that. (We stayed) until it was morning. (3f 49)

The dynamics of the interaction are echoed in the words of another, older female participant:

... Well what normally happened was that the boy would keep following you and you would keep retreating ... In fact when you went back to the spot where you had been the previous night you would find a trail from where you had been shifting and moving away from the boy and he would keep following you, so there was this trail, as if bulls had been fighting. (16f 55)

Some of the elements of the activity system are clear in this account. For example, it provides an idea of the main *community* of this particular participant in which the activity is learnt, viz. that of older female youth, who instruct the participant in the 'correct' behaviour within this

¹⁸ The format of these extracts follows that mentioned on page 112.

¹⁹ Short skirt conventionally worn by unmarried girls

activity, articulating some of the *norms* of sexual activity in this context. It also contains various contextual references which locate the activity in a particular time period, and indicates various *mediational artefacts*, for example, the use of a red blanket to enable the activity to take place in the veldt. This account is also illustrative of some of the dynamics of the sexual interaction, explicating the roles and responsibilities of the actors in the horizontal *division of labour* viz. that male partners initiate the activity of sex and that female partners resist this initiation. There is, however, a need to examine the activity system more systematically.

The historical accounts in the secondary data suggest that sex was valued positively and seen as a legitimate source of pleasure. However, the older participants' accounts of how they learnt about sex, and how their sexuality was regulated, seem to illustrate a more constrained response, in which sexual contact with the opposite sex was not sanctioned and sexuality was discouraged. This is not necessarily a definitive change from the first phase of the activity system. It is possible that the historical accounts constructed a particular image of African sexuality and that the data generated through the individual interviews accesses the detail of individual participants' experiences and thus presents a more nuanced, and ambivalent, image of sexual activity in the research context historically. In addition to this, the participants' accounts are also present constructions of the past, rather than accounts of what really happened. However, in tracing the troubles, disruptions and innovations in the activity system of sexual activity through these accounts, I illustrate the development of the activity system over time, making apparent the dialectical relationship between continuity and change within the system and allowing a contextualisation of sexual activity. In this section, I will discuss the emergent tensions within, and between, components of the activity system, how these have developed into contradictions, and how they have led to shifts in the system.

As in the first phase of the activity system, discretion in front of one's elders was expected. Participant 19m 55+ says: *We never talked about girls in front of them and even if we had girlfriends we would hide it.* Concealing one's relationship with a member of the opposite sex was considered *respectful*, *I didn't want other people to see me...* (12f 35). However, rather than the all-embracing attitude towards sexuality suggested in the historical and anthropological accounts, the older participants' comments illustrate distinct taboos on sexual activity, expressed in rules which prohibited sex. Participant 2m 44 was told that sex is *wrong*. Participant 16f 55 says: *My grandmother ... told me that a man is not supposed to*

touch a girl's body and that it was the girl's duty not to allow the man to go anywhere near her. Participant 18m 56 was threatened with severe consequences should he touch a girl in the genital area:

We were told that you would have a disease, you would be abhorrent, detestable, if you did. You would develop acne and no-one would like you. There was no chance to wash your hands to prevent disease. You absolutely shouldn't touch her there.

As highlighted above, through the activity in the activity system, the object is moulded or transformed into *outcomes*. In this second phase of the activity system causing an unplanned pregnancy remained a problematic outcome of the activity. The formal regulation of relationships between men and women was still recognised through the payment of *lobola* which secured access to critical resources such as land, property and wealth and ensured that the male lineage had rights over children. Premarital pregnancy was still seen as a threat and sanctions on premarital pregnancy, as part of the *rules, conditions and norms* component of the activity system, remained strong. Participant 19m 55+ refers to it as a *‘mistake’*. Participants alluded to the significant social consequences of a premarital pregnancy. Participant 3m 51 says: *if you were to make a girl pregnant, then that would be very bad* and participant 3f 49 says *it is a sad situation when you get a girl pregnant*. As in the first phase of the activity system, the risk of premarital pregnancy was managed through establishing limited forms of sexual release. However, the accounts of the research participants indicate that many of the forms of sexual monitoring and management had begun to change.

3.1 Mechanisms for the regulation of sexual activity

3.1.1 Intercrural sex

In this second phase of the activity system specific sexual techniques (*tools* or *mediating artefacts*) to limit intercourse and prevent pregnancy were still encouraged. Many of the older participants discussed the technique of what they referred to as *‘thigh sex’* (or *ukumetsha*).

Participant 3f 49 refers to thigh sex as the *only contraceptives that were there then*.

In the research data, both male and female participants illustrated an awareness of the restrictive practice. Participant 16f 55 says:

Yes definitely we [peers] used to talk about them all the time. We used to start sharing experiences when we started having boyfriends. We used to say how one avoided being with a man. We all knew that we were not supposed to let our man anywhere near us, you could

allow a man to go as far as the thighs, but no penetration was allowed. We all understood this and we used to talk about it. We all knew that the danger was in becoming pregnant, so we were trying to avoid this at all costs. You would actually feel this wetness on your thighs and you would know that the man has ejaculated, but you wouldn't allow him to have real sex with you.

Participant 13f 36-45 says that sex was restricted to playing *on the thighs*, rather than *real sex*. She says that she used to discuss with her peers that *if you sleep with a boy you should be careful that he does not 'urinate' inside you, because if you let him do that you might get pregnant.*

As in the first phase of the activity system, particular responsibility was placed on the girls to ensure that the limits were observed. In this study, the female participants said that they had been advised that: *when you sleep with a boy, never take off your panties, because then you will get pregnant* (3f 49). Participant 16f 55 says: *Even if you did sleep with your boyfriend you would make sure that you don't take off your panties.*

Significantly, in this era, both male and female partners in the activity tended to assume responsibility for the risk of pregnancy. Fear of pregnancy seemed to have constrained sexual activity and acted as a deterrent to penetrative sex for both the young female and the young male subject historically. An older female participant comments that *it was the fear that kept us in line* (16f 55). A male participant (5m 71) says: *we were careful not to have any production between us two* and participant 18m 56 says: *Yes, but the girl will not want to sleep with you. You would have to do whatever you do on the thighs.*

Male youth seemed particularly cognisant of the need to limit sexual practices, not sleeping with them *in front* (19m 55+). In assuming responsibility for the risk of pregnancy, male youth did not pressurise female youth to go beyond thigh sex. Participant 18m 56 says they were '*understanding*' of the position of girls: *we were afraid to do the wrong thing... we were sympathetic to their cause.* Participant 16f 55 comments that *even when he got you the boy would not say that you should open your thighs. If you had your thighs closed then he would accept that.* Participant 3f 49 says of her first sexual experience: *... He didn't ask me to take off the [panties], he just played around the thighs, because as I was told by my mother, that was fine.*

However, changes in these practices were evident in the data. Some participants provided examples of no longer practicing thigh sex, but going directly to real sex. Participant 12f 35 says that there was no thigh sex, *it was just straight sex, right from the start*. Participant 14m 43 argued:

No, no, no it was actual sex with full penetration. It was the real thing. We were aware that there was supposed to be no penetration, but ja we used to have actual sex with full penetration. And the non-penetrative kind of sexual activity was, you know, something from when we were still young.

Historical accounts of life in the Eastern Cape Province illustrate significant processes external to the activity systems of individual subjects which seemed to have impacted on sexual socialization in rural African communities in the last decades of the nineteenth century. Changes in the regulation of sexual activity amongst youth have been ascribed to the process of colonisation, for example, the arrival of foreign religions, administrations, and educational systems (Caldwell et al., 1989, p. 194), and also to the system of apartheid (Delius & Glaser, 2002).

Initially the changes were in response to colonisation and missionary Christianity referred to by Hunter (1936) in the title of her book, *Reaction to conquest*, and by Delius and Glaser (2002) as the shock of conquest. In response to this conquest Mayer and Mayer (1970) observed two different approaches to the sexual education and control of youth: the traditionalist approach of the Red people which emphasised cultural processes such as initiation, *ukumetsha*, and Xhosa religion, customs and practices; and the Schooled people or those who followed Christianity and western education and rejected tradition. Many of the schooled people were also urbanised. These two sets of beliefs generated a tension in the community component of the activity system.

The colonisation of Africa seemed to have introduced a set of religious and moral beliefs which reframed the notion of sex. Potts and Marks (2001) argue that under Christianity sexual matters were shrouded in shame and secrecy. Sex before marriage was considered immoral and complete abstinence was promoted. In this second phase of the activity system this established a tension between legitimized adolescent sexuality and a prohibition on sexual activity. In this moral frame, traditional practices which mediated adolescent sexuality and which regulated pregnancy were stigmatised and abandoned. Writing in the early 1930s, Hunter notes that

alongside the traditional laws and customs governing the relations of unmarried persons are another set of ideals introduced by Christian missionaries. The churches have condemned *ukumetsha* and forbid their members to allow their children to attend young people's dances. (1936, p. 183)

From a Christian point of view the alternative to *ukumetsha* was abstinence and chastity. This is in sharp contrast to the acceptance by the 'pagans' of *ukumetsha* as the 'right and natural thing to do' (Hunter, 1936, p. 182). In the activity system, the mediating device of *ukumetsha* is thus in tension with abstinence and chastity as *mediational means* in sexual activity.

Although it is not within the scope of this thesis to analyse this in detail, and whilst acknowledging that the historical and anthropological accounts are situated within the particular ideological narratives of their time, the activity system of colonisation and Christianity seems to have had significant consequences for the activity system of sexual activity. This is illustrated in a preliminary model of the second phase of the activity system in Figure 16 below.

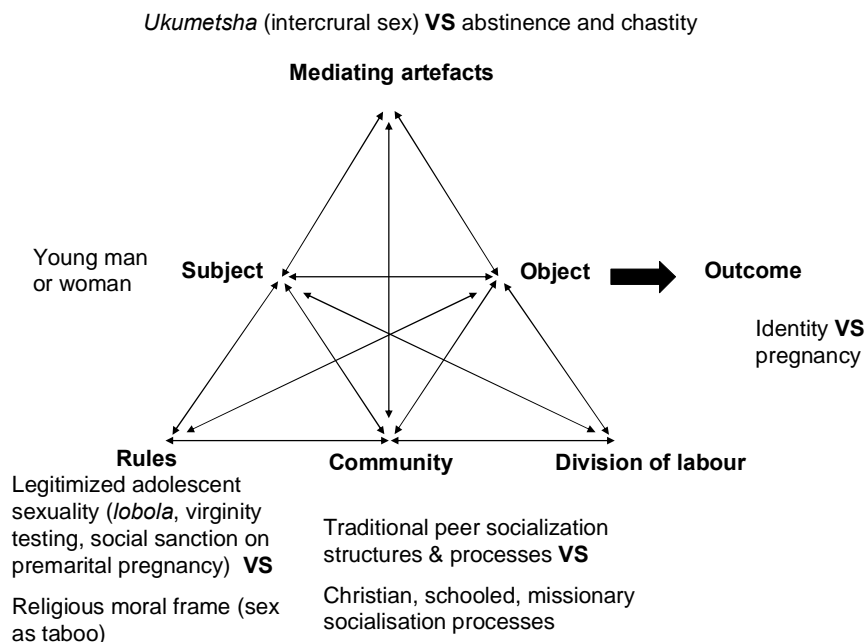


Figure 16. Preliminary model of the second phase of the activity system of sexual activity

In brief, the *activity system* of colonisation/missionary Christianity seems to have introduced alternative *norms* of sexual activity (sexual activity is immoral and taboo, rather than acknowledged and legitimate), and offered abstinence and chastity as mediational means,

which was in tension with traditional practices such as *ukumetsha*. In this activity system youth would therefore have grappled with a tension between the traditional peer socialization processes as the *community* component of the activity system, and the Christian missionary socialization processes, which opposed the traditional forms of social regulation of pregnancy practices such as *ukumetsha* and virginity testing.

The second shock to the system of traditional life was that of the apartheid system. The laws which governed where people could live and work, and the various land distribution policies, had a significant effect on everyday life. In addition to the process of colonisation the apartheid system undermined the fabric of African social and family life (Klugman, 1993), causing radical changes in the monitoring and management of sexual behaviour. Delius and Glaser (2002, p. 35) refer to this as the shocks of conquest, land alienation and a deepening dependency on migrant labour. Various land acts in the 1930s and apartheid policies in the 1960s governing the management of black residential areas (for example, the agricultural betterment and the villagisation schemes), increased population pressure in the homelands, driving the process of urbanisation. Labour migration, for men to the mines and women to towns for income labour, became indispensable to people's survival (De Wet, 1995). These migrant labour processes eroded family structures, parental authority and traditional patterns of social interactions and controls (Donaldson, 1992; May, 1987; Moodie, 1988).

Traditional education processes such as instruction in non-penetrative forms of sex (*ukumetsha*) were severely affected by urbanisation (Delius & Glaser, 2002). Traditional sanctions on sexual intercourse could not operate under conditions of urban life (Burman & van der Spuy, 1996). The custom of *ukumetsha* was regarded as unfashionable and penetrative sex was expected and often coerced if denied (Delius & Glaser, 2002). In this study research participants who had had exposure to urban contexts resisted being restricted to thigh sex. Participant 3m 51 comments that

things were changing and you could hear it from your friends, especially those who were coming from the townships²⁰ ... they would tell you "This is an old thing that you are doing. We are no longer doing that. We are going directly to intercourse, not just around the thighs, between the legs".

Besides affecting the attitudes towards sex, urbanisation and the erosion of traditional and family structures lead to youth losing respect for parents who could not offer children

²⁰ Residential areas outside of towns set aside for black people during the apartheid era.

material security and whose dignity was constantly under threat in a poverty-ridden and racially discriminatory world (Delius & Glaser, 2002, p. 44). The relentless workings of apartheid thus severely affected social relations by loosening generational authority over social traditions and the preparation of youth for the responsibilities of adulthood (ibid). In the activity system this is evidenced in the emergence of a tension between youth and adults (or parents) in the *community* component of the system.

As in the first phase of the activity system, the risk of premarital pregnancy was managed through instituting controls which monitored and managed sexual activity such as virginity testing and penalising premarital pregnancy.

3.1.2 Virginity inspection

As in the first phase of the activity system, the practice of virginity inspection served as a control on whether youth were engaging in more than the permitted 'high sex'. The threat of virginity inspections clearly regulated behaviour in the sexual interaction, particularly constraining the activities of the male partner. Four participants, born between 1930 and 1950, referred to this practice taking place when they were younger. Participant 18m 56 refers to this 'inspection' by older women:

...As soon as you're with her, you have to get the ball rolling, get it? She wouldn't agree, but we guys were understanding, because girls used to be inspected then by elderly women so that if she'd done things the wrong way [had sex], you [the boy], would be in trouble. We were afraid to do the wrong thing.... We knew that if girls had real sex... if a man penetrated, then the old women would see this and would want to know who had done this to the girl and she would be obliged to tell...

Participant 5f 53 and her partner 5m 71's accounts echo the description of the procedure provided by Hunter (1936) in the first phase of the activity system.

F/T:And also, then, the girls, even if you would have played a hard game where you would have sexual intercourse and you were not pregnant, you were being checked by the women. And they would tell that this girl, this girl she has done it, and she is wrong...

I: How were they checked?

...

F/T: There were times when older mothers would come together and all girls would be taken to a place and that is when they would check that they were still girls, altogether.

I: How would they check?

F/T: They would put something, a cloth or blanket down, and then a girl would sit on that and then open up her thighs and then they would see how the sexual parts are.

I: Who would actually do the checking, would it be one person?

F/T: It would be those older women who were experienced in knowing how to check.

I: Was it done to you?

F/T: No I didn't get it, but it happened to other girls, when I grew up.

I: At what age would they check?

F/T: At about 15 and onwards, and also they would look at you [when you were] a girl, if they think you are doing it, even if you were younger than the others, then they would group you in that group. [But] up until 17, I was never checked by the women.

I: So they would choose the girls who they would check, they would be called, not all the girls?

F/T: Yes there used to be something called isijadu where youth from one village would go to another village perhaps for their activities, to enjoy themselves. And perhaps after such things, the women would suspect that they might have played the wrong way, so after then they would all be checked, those that were there. Fortunately I did not go to attend those things that is why I got lucky not to be checked.

I: So they would just choose some people to check?

F/T: All the girls that had attended such an activity, because they knew that perhaps something had happened there.

I: How often in a year would there be a checking?

F/T: Yes, in my time, those things... it was not as strict as they were before, so they were just warning us about those things, what would happen if we were to do it, but it was not that strict that it was being done. Most of it was hearsay and it happened perhaps just once, and we were told that this is what happened then, and I wouldn't really experience it and see it.

I: [to the male participant] Do you have anything to add to this?

M/T: Yes it used to happen in my time although I wouldn't be close to it because we men were very far away and we were told that it is happening there, that is what is happening there.

From these accounts it seems that the practice was operational in the research context until the early 1960s. Hunter, writing in 1936, comments on resistance to the procedure from the girls themselves, and also from the parents of the girls because of the social discord it caused when one parent proclaimed another's child a non-virgin. This resistance could have been fuelled by the Christian missionaries' position that the procedure was undignified (Hunter, 1936). The demise of virginity inspections meant that there was no threat of discovery and boys escaped paying the customary law fine for seduction. Mayer and Mayer (1970) comment that the escalating number of premarital pregnancies during this time period illustrated how the prohibitions on full intercourse were increasingly disregarded.

The literature from development and population studies reveals significant changes in sexual practices in relation to the introduction of injectable contraceptives in the late 1960s.

Participant 5f 53 comments that the practice of virginity inspection died out in the 1960s at the same time as contraceptives were available in the local clinic.

I: When did this practice stop?

F/T: By the time I got married [in 1966], it had already phased out, although they were threatening that we would be checked, but it never really happened. As I grew up, by the time I was older, it was no longer taking place. Because now this thing of clinics was being introduced, that we should go to clinics to get the contraceptives.

This is an indication of the effect that the introduction of a new *mediational means* into the activity system has on the activity.

Contraceptive use falls under the ambit of family planning policy within the health services. The introduction of contraception has the potential to both enhance reproductive choice and to subject people to coercive institutions of the state (Brown, 1987). On the one hand family planning has distinct benefits for women because of the risks of ill-health and death related to pregnancy and child birth, and it also contributes to gender equality in that it allows women to make choices about their lives (Rees, 1995). However, state power also depends directly and indirectly on defining normative families and controlling populations (Ginsburg & Rapp, 1991). Reproductive technologies are accompanied by, and enable, increasingly effective methods of social surveillance and regulation of reproductive practices (Ginsburg & Rapp, 1991). In the South African context the introduction of family planning into the health services under apartheid had a distinct intention.

3.1.2.1 The politics of reproduction and fertility regulation

The history of contraceptive policy in South Africa is tied to the institutional context of apartheid. Population policy under apartheid was a response to racial-group differentials in fertility that created concern about the "swamping" of the white population by black people (Chimere-Dan 1993; Burgard, 2004). The concern of the apartheid state is captured in a quotation from Van Rensburg cited in a classic text on family planning policy and the -black peril by Barbara Brown:

There is no sense in withstanding the enemy beyond the country's borders while the far more serious population explosion within its borders is allowed to continue unchecked. (1972, p. 156, cited in Brown, 1987, p. 256)

In the context of apartheid where a minority ruled a majority controlling the numerical dominance of the black population was critical and in the 1970s the South African state began to officially and aggressively promote family planning with a specific focus on the birth rate among black women (Brown, 1987; Burgard, 2004; Chimere-Dan, 1993; Kaufman, 1998, 2000). The South African government was particularly concerned about fertility levels in the homelands and clinics were sometimes located across the street from homelands so that women could walk over the border, or were organized at shops frequented by black women

when they travelled to the RSA [Republic of South Africa] (Kaufman, 1998, p. 422). During this period the early 'modern' contraceptives such as the pill, the intra-uterine device (IUD), and injectable contraceptives, were introduced (Rees, 1995).

Although this family-planning programme was perceived by many as an attempt to diffuse the political potential of a majority, and was received by the black population with suspicion (Kaufman, 1998; Klugman, 1990; Preston-Whyte, 1988), there was a distinct increase in the use of modern contraceptives, particularly the injectable contraceptive (Burgard, 2004; Caldwell & Caldwell, 1993; Chimere-Dan, 1993, 1996; Kaufman, 1998). In fact the use of contraceptives by South African women in the 1980s was the highest in sub-Saharan Africa (Kaufman, 1998). In several studies across South Africa contraceptive use in the 1970s and 1980s was recorded to be the highest amongst black women aged 15-24, and for never-married women (Burgard, 2004). Contraceptive use is usually related to education, age, and socio-economic status, and this uptake amongst rural women, including those in the former Ciskei homeland, may seem puzzling.

As highlighted in the section above, the limited economic opportunities in the homeland areas compelled many black men to leave their families and migrate for work to urban areas, leaving women behind in rural areas for extended periods (Kaufman, 1998). The periodic and often prolonged absence of men holds implications for women's status and livelihood, and for reproductive dynamics (Timaeus & Graham, 1989). Although male migration can have a negative association with contraceptive use because of lower coital frequency and a decrease in the risk of pregnancy (Kaufman, 1998), this migrant labour system contributed to family fragmentation, desertion and divorce, and left people particularly vulnerable to multiple relationships and commercial sex (Chimere-Dan, 1993; Maharaj, 2001). The development and expansion of segregation policies and the labour migration system 'disturbed the marriage market and strained existing marriages to the point of relaxing the norms governing nonmarital and extramarital sexual relationships' (Chimere-Dan, 1996, p. 7). Women increasingly headed households and had control over economic and social decision-making, including decisions about reproduction, giving them more latitude to choose to limit their fertility (Burgard, 2004; Chimere-Dan, 1996). Changes in contraceptive norms and behaviour were easily accepted by rural women as part of a 'sociocultural and economic adjustment strategy' (Chimere-Dan, 1996, p. 7).

In South Africa the injectable methods which were introduced were depot medroxyprogesterone acetate (DMPA) and norethisterone enanthate (NET-EN) (Morroni, Myer, Moss & Hoffman, 2006). DMPA became available in South Africa in the 1960s and NET-EN was introduced into South Africa in 1978 (ibid). These forms of contraception were the most widely distributed by the South African government's family-planning program because they were cost-effective and easy to administer (Brown, 1987; Kaufman, 1996, 1998; Klugman, 1993). The injection is a long lasting form of fertility control administered after every three months making compliance relatively easy (Camlin, Garenne & Moultrie, 2004). The injectable contraceptive also did not require the consent or co-operation of a woman's partner, parents, or in-laws, and in situations where male partner co-operation is low, it is a method least likely to arouse male opposition because it is 'invisible' (Kaufman, 1996). In this research study this new mediational means affected the research participants who were sexually active after the late 1960s, and is discussed in greater detail below.

Although virginity inspection as a form of control over sexual activity had more or less died out in this second phase of the activity system, sexual activity was still managed and monitored through penalising premarital pregnancy.

3.1.3 Penalising premarital pregnancy

The older participants in this study highlighted the significant costs related to pre-marital pregnancy for both male and female partners in the interaction. As in the first phase of the activity system premarital pregnancy was an extremely shameful experience leading to ridicule, public humiliation and social isolation. Older female participants in this study referred to the way in which a girl would be stigmatised if she fell pregnant. Participant 5f 53 comments that: *When one got pregnant, then you were isolated from the other girl. They would run away from you, so you would be on your own...* Participant 16f 55 talks about how they would 'mourn' a girl if she became pregnant, or 'injured'

...once it was known that one of us had been injured, that is, that one of us is pregnant, then we would go into mourning on her behalf. We would stay for about two weeks without meeting our boys because of what had happened to one of us. There would be concern all round and the parents would be more strict. It would be quite a tough period in that there would be [virginity] inspections with parents wanting to know whether or not we were ourselves in trouble.

For the young female historically there were thus the personal and social costs of being ostracised. The young girls' prospects were also severely curtailed. Participant 12f 35 comments that she dropped out of school in standard 5 (grade 7) *'as soon as it had been discovered that I was pregnant'*.

As in the past, the threat of premarital pregnancy to the social fabric meant that it was severely penalised. In this research data many of the participants, both male and female, referred to financial penalties, fines and damages. Participant 19m 55+ comments: *you should never ever play inside because your family might be fined cattle for that.* Participant 3f 49 comments that a pregnancy meant that the boy *would have to pay the damage.* Participant 19m 55+ comments that he was aware that *You should not play inside, that is, penetrate, because the mistake of playing inside is taking the ...family's wealth in the form of cattle. So I kept that knowledge and whenever I played with a girl, we played on the thighs ...I would never play inside.*

An interesting dimension to the penalties for pregnancy evident in the accounts of the older research participants is the public nature of the castigation. Older participants refer to an elaborate process called *isihewula* (a reference to an *'alarm'*), in which the male partner was socially castigated by a group of people in the community and a fine was levied. In this process participant 18m 56 comments:

the women would go to the boy's home to report that the boy had damaged their child. This was done publicly... The womenfolk would lodge a complaint and then a cow, a large one, or a sheep, would be chosen for the women to take home. The cow would then be slaughtered, not in the usual way, but below the kraal.

Participant 5m 71 comments:

Yes, what they would do is that, one would go totally into her and then there would be pregnancy, and what would follow is that the girl would be taken to the boy's home. And then they would send the complaint there... The girl would be taken by his family to the boy's home...then lay the complaint...and then there would be a penalty fee, that was five cattle ...

In addition to the fine of a cow or a sheep, some participants mentioned a penalty paid by the boy directly to the mother of the *'damaged'* girl. Participant 5f 53 says:

í there was also a goat, as a penalty fee, because you have 'sinned against the mothers', because they are the ones who are looking after the girls, and now you have damaged all that, so you would also perhaps [give] a goat to the mothers only.

The consequences for causing a pregnancy thus extended beyond the individual male or female subject, to their families and these consequences were financial, social and public. Participant 3m 51 comments: *Everyone would know about it.*

In response to the risk of premarital pregnancy fathers took on the role of talking to their sons, and were active in the regulation of sexual activity. Participant 18m 56 commented: *When you were at a certain age, the father would tell you not to sleep with girls as they did not want any extended families to contend with.* Mothers seem to take primary responsibility for talking about sex with their daughters particularly at the onset of menstruation and when they begin to show an interest in boys. Participant 13f 36-45 comments

... And when my mother noticed that I had begun with my periods, I had started menstruating, she called me and asked me if I have got a boyfriend. And I said 'Yes'. And then she asked 'Where is this boyfriend?' And I told my mother and then my mother said, 'When you sleep with a boy, never take off your panties, because then you will get pregnant'.

In this second phase of the activity system the dominant characteristic of parental communication with children is cautionary and admonitory, outlining the dangers and the risks, and highlighting the taboos and the consequences of transgression. It seems that in this phase of the activity system, rather than acknowledging sex as a legitimate source of pleasure and permissible for adolescents, sexual behaviour is obscured and spoken about by the older participants with a degree of embarrassment. Participant 3m 51 comments: *During the old days, it was very rare that you talked to your parents about sex...* . Delius and Glaser (2002, p. 37) blame Christian morality for the awkward inter-generational silence on issues of sexuality and comment that it became especially damaging as other forms of sexual education withered.

3.1.4 Socialization processes: peers and adults

As mentioned above, in an activity system, the *community* comprises multiple individuals and/or subgroups who share the same general *object* and are the subject's primary reference group. In the first phase of the activity system there was an intersection of adult and peer socialization processes which formed part of the community component of the activity system. Adults assumed a more marginal role in sexual socialization because the role that peers played was concomitant with what they valued. There was thus no significant tension between the adult and peer roles in this socialization process. In this second phase of the

activity system of sexual activity there are significant changes in this dynamic and this can be attributed to changes in the rigour of the peer socialization processes.

3.1.4.1 Weakening of youth organisations as peer socialization processes

The historical records reflect a strong and specific peer socialization process in contexts similar to that of this research study. These processes inculcated specific values and patterns of behaviour and provided opportunities for youth to engage in sexual activity in the limited way necessary to prevent premarital pregnancy. The data in this study reflects significant changes in these processes.

In contrast to the first phase of the activity system, in this second phase of the activity system, the public celebration and acknowledgement of some of the developmental transitions such as puberty and menstruation had lessened. The male initiation process as a ceremonial transition to manhood was evident in this second phase of the activity system, but it was significantly impacted upon by migrant labour and urbanisation. Although the extent of migrancy amongst the research participants was not specifically probed in the interviews, and there was only data which referred tangentially to individual participants' experiences of migrancy in relation to sexual socialization, the former homelands of the Ciskei and Transkei were significant mine recruitment sites (Crush, Jeeves & Yudelman, 1991; Harrington, McGlashan & Chelkowska, 2004; Wilson, 1972). Thus although the data is limited, it is highly likely that migrancy and urbanisation were part of the participants' experiences. Delius and Glaser (2002) argue that young men left for migrant labour earlier and earlier, spending less time in the rural youth organisations that monitored and managed sex socialization. Within the initiation process more emphasis was placed on the basic ritual of circumcision rather than on its socially valuable educative function. This loss of context and process meant a loss of a formative age group to define status and responsibilities. Instead of learning sexual values in traditional youth organisations these were learnt in mine hostels and gangs. Returning young migrants were also relatively affluent and they became a dominant social force for the youth in their communities.

Amongst the older research participants, there were references to the gatherings associated with the male initiation process: *umguyo* (the ceremony and celebration on entering the initiation process) (15m 36-45), and *umgidi* (the ceremony as the initiates returned from

seclusion). These were seen as opportunities where youth had the *chance to meet girls without the fear of their parents finding out about their absence* (15m 36-45). After initiation male youth were provided with separate sleeping quarters which facilitated premarital sexual activity. Participant 2m 44 comments: *I used to use a spare bed in my brother's separate house, until I was older, as a bhuti (man) then I had my own house, then it was easy.*

As mentioned above, in the historical accounts, social and cultural gatherings such as *umtshotsho* and *intlombe* formed a central part of the traditional socialization process. In this study both old and younger research participants referred to these events which seemed to be very similar to those in the historical accounts. They were evening or all night events in the village, or neighbouring villages which created opportunities for youth to meet with members of the opposite sex and to engage in sexual activity. At an *umtshotsho*, participant 19m 55+ says:

people dance and drink a lot of liquor. Both boys and girls attend this gathering and the girls would mainly be singing. What would happen was that boys ... would go door to door asking permission for the girls to attend the function, and this all happened at night. í .

It is clear from the participants' accounts that the events also involved ða great deal of sweethearting or *ukumetsha* (Hunter, 1935, p. 160). Participant 3f 49 says:

Yes, we would go to umtshotsho, and we would sing for them and they would dance. And then after the umtshotsho we would all leave and that was when the boys would meet us. Perhaps from the singing there and the boy would come and propose.

In this second phase of the activity system attendance at these events was, however, contested. As discussed above, significant changes were evident in Xhosa society from the turn of the century and there were at least two responses to youth sexuality which were in tension with one another. The traditionalist values of the ðRed people' supported the peer group socialization processes. Participant 3f 49 comments that those who were linked to ðXhosa things' were those who attended events such as *umtshotsho*: *There were two groups, there were those that were still linking to those Xhosa things and there were those that were going to school and then they didn't really attend such things.*

These values were in tension with those of the ðSchooled people' who resisted youth participation in these events. Participant 19m 55+ says that the *umtshotsho* was: *considered to be very uncivilized by literate people, hence our teacher not wanting us to attend. You see with those girls whose parents were very strict, they got a chance to meet their*

boyfriends [there at the umtshotsho] and most of the girls who attended imitshotsho fell pregnant. So most of the parents in our community were against them.

Participant 17f 55+ comments:

My parents were very strict and we were not allowed to attend imitshotsho and when I fell pregnant they were very shocked as they were not aware I was involved. (Previously I had) never defied their rules and would remain behind while my friends attended these functions, hence they were shocked.

Participant 19m55+:

And at school we were also discouraged to associate with illiterate people, especially attending the gathering things like umtshotsho. But then some of us would want to go there, but we were afraid because if our teacher found out we would be punished. A teacher would put you on the spot in class and maybe ask you a question about school things and if you don't know, they'll say it's because you are attending these imitshotsho. And he would punish you severely in front of other people and humiliate you. So because we were afraid of that and we belonged to the educated [Schooled] group, I never really attended those things except when I stopped going to school. Because I left school early and afterwards I started attending those things.

Evidence of the impact of Christianity in the research context was found in the participants' references to church related events such as *umjikelo* (church groups gathering together) and *imilaliso* (a church event, sometimes a night vigil). This was not mentioned in the historical data reflecting the first phase of the activity system. Ironically, it is especially overnight church events which created the opportunities for peer interaction, because *parents were comfortable with letting their daughters go to something that's church related...the parents would have no problem letting them go* (14m 43).

In this second phase of the activity system, although the cultural events which form a central part of the peer sexual socialization processes take place, there are differences. Firstly, the traditional framework of values, appropriate sexual behaviour and sexual socialization processes, seems to have been undermined by missionary Christianity and education, as argued by Delius and Glaser (2002), posing a challenge to the traditional structures and processes. Secondly, although some of the traditional events still took place, the older research participants did not reflect on these events in relation to their management of sexual activity, or the way that they historically promoted and trained youth in particular sexual practices to avoid pregnancy. They seem rather to have become opportunities for sexual interaction. Delius and Glaser (2002) have argued that traditional socialization processes and

peer group formations were undermined during the apartheid years, leading to the emergence of a youth culture defined by urbanised migrant labourers. It is therefore questionable whether these groups still provided youth with what Mayer and Mayer (1970, p. 160) referred to as positive guidance, by inculcating appropriate values and patterns of behaviour. In this second phase of the activity system there is thus a significant lessening of the effectiveness and rigour of the peer socialization process.

3.1.4.2 Increase in parental monitoring and regulation of sexual activity

It seems that in the absence of this peer socialization process a greater role was played by parents in regulating and monitoring sexual activity. For example, many of the participants referred to the surveillance and monitoring of young girls' movements outside the homestead. There is a sense of female children being constantly under parental surveillance and *always in front of their fathers at the house* (5f 53). Girl children were not allowed to be out of the house after certain hours and were required to do many household chores. Participant 5f 53 says: *If you went to the river to fetch water, they would count the minutes. If you were not back at a certain time, they would start shouting your name, calling you back.*

Girls seemed to have had less freedom than boys and thus fewer opportunities away from the household. Participant 5f 53 says: *I know that from my brothers it was not as tight (strict) as it was with me, and well, they even slept out. They would do those things.* The boys were aware that of this surveillance and would: *never go to the house (of the girl)because we were afraid of parents* (3m 51). This is in sharp contrast to Hunter's (1936, p. 181) reflection on the custom in the first phase of the activity system for young men to spend nights with girls in the girls' own homes.

Most of the older participants in this study argued that in their experience young children and youth tended to *share a room with their parents* (16f 55) and their activities were closely monitored, not allowing them opportunities to be alone with other girls and boys. Participant 5f 53 says: *we slept in one big hut, we didn't really have a separate room outside, like now. So that made it difficult for us to see boys.* Although sleeping in the same room as one's parents would have exposed children to sexual matters (Caldwell et al., 1989), adolescents in the second phase of the activity system were not permitted the same degree of licence to be sexually active. Only one of the older participants said that she and her sisters had been

allowed (in a practice reminiscent of the practice at puberty in the first phase of the activity system), to sleep in a separate house as adolescents. Participant 13f 36-45 comments:

P: Well we had our own house outside for my two sisters and I, so that my parents wouldn't notice that like we're out of their premises.

I: How did this come about and how old like were you when you started living by yourselves?

P: Like it happens like this. When like um the parents noticed that we are mature enough, then we would be allocated like a house outside.

I: How did they know that you were matured then?

P: Mothers would see that maybe that you are dating and would send us to sleep like outside so that our fathers wouldn't see, because they were very strict. But you had to come back in the early hours of the morning so that your father really should not see you, because if he did then he would hit you.

In contrast to the previous phase of the activity system, sexual activity itself becomes regulated, rather than procreation. There are particular sanctions against premarital sexual activity. Parents prescribed restrictions on when and where sex could happen, and what kind of sex could be practiced.

In the absence of the allowance of sexual activity, getting the chance to meet with your partner and to engage in sexual activity depended on opportunities to escape the surveillance of their parents. Participant 18m 56 refers to *stolen moments*: *No, it is up to the two of you, what chances she has to slip away from home to see you because these were stolen moments. You had to be sure adults would not find out....* The tension between the prohibitions on sex, and the desire to have sex is resolved through meeting clandestinely *in the forest at midnight* (19m 55+), seeking out any private space beyond the homesteads in the village. Participant 3m 51 says *we would take a blanket and put it in the bushes. She would come and search for you in the bushes, not you going to fetch her at the house*. Participant 16f 55 explains that this would happen

i out there in the grass anywhere where you could find a spot to lie down, it would be on the grass somewhere but the boy would have brought blankets so we'd lie on the blankets, i The blankets we used then were watertight the rain wouldn't come through the blankets, they were the red variety that was used long ago...

In the absence of access to their own room or independent living quarters, friends and siblings of youth who had their own rooms might borrow the use of an outside room when they wanted to entertain their partners. Participant 14m 43 says:

Occasionally I would arrange with one of my friends to use their room and it wasn't often that it happened.... And sometimes I would arrange, because we were sharing a room, with

some of my siblings, we would arrange with them beforehand that they go and sleep elsewhere and then I could have the room to myself.

3.1.4.3 Significance of peer reference group

In this second phase of the activity system the peer reference group plays a significant role in framing sexual activity, but not in the organised sense of the traditional youth structures in the first phase of the activity system. The accounts of the participants were dominated by references to the role that peers and siblings played in implicitly and explicitly modelling modes of engagement about sex, setting the norms of what is possible. For example, sharing a living space with older siblings allows youth to observe behaviour related to setting up relationships and sexual interaction. Participant 2m 44 comments:

I was about 15. We used to watch our brothers, they would have a separate room, and we would see them with girls, and if you went to that room, you would see them hug each other, kissing and all that. And so I thought that there would be time that I also do that. And then I did it when it was time.

For some of the participants sharing sleeping quarters with siblings proved very instructive as older siblings sometimes brought their partners into the room. Participant 14m 43 discusses this:

P: ...And sometimes the older ones would bring their partners home to sleep with them. We knew nothing at that time, but ja this brought an awareness to us, something we had not been aware of, that there was some sort of activity that could take place between these boys and their girls.

I: Was this done in front of you?

P: Ja, although they would have the lights off. It wasn't as if they did everything in front of us. It was like they would wait until they thought we had fallen asleep and then with the lights off they would proceed to have sex, but because I don't know it could have been (??unclear).. or perhaps it was that they just happened... that they started before we fell asleep. But I do remember, I do recall being aware that there was sexual activity in the same room I was sleeping in, from the older ones, although I must say they were not aware we were watching, we could see, we could listen to what was going on around us.

I: And how old were you at this stage?

P: I was about 15.

I: And at this time did you know fully what was taking place, are you saying that you got your first inkling from watching and listening to such activities. Was it that you knew about them at 15 or was this your introduction to the whole concept of sex?

P: Though I had had no experience myself I was sort of aware that there were these kinds of goings on, ja, because I shared my room with others.

I: With whom specifically?

P: It was my eldest sister actually. She brought partners into the room at night, because we were sharing the room, I became aware that there were these goings on.

I: Was it just you and her?

P: No there were quite a number of us.

I: And the sleeping arrangements?

P: Ja, she used to have her own bed. But we kids, we children, we use to sleep on the floor. We shared a mattress on the floor, all of us. We were sleeping on the floor and she would be on her bed and she would then think that, I think she believed that we were asleep, but it would happen that one or two of us were still awake. The boyfriend would wait until he thought that we had fallen asleep and we would be aware that there was somebody coming in and ja, after some time we put two and two together and it was the same guy we used to see her with during the day...

In addition to the instructional value of this exposure, the presence of sexually active siblings in one's own life normalizes the activity of sex and stimulates a curiosity about the practice. Seeing one's peers engage with members of the opposite sex creates the possibility of it happening for oneself. Participant 16f 55 says:

What happened was that I had a lot of friends and my friends happened to be more advanced sexually in these matters. I was about 14 at the time and by observing my friends and hearing what they were saying and so on, they told me these things and I began to understand that there were such things as having boyfriends and so on. It was at age 14 that I began to notice that people were pairing off although I never thought that I could do it myself. But then I started having an understanding of these things.

Participant 5f 53 comments:

Yes we would get it (information) from your friends that this is the route to play it, if you are playing. Because parents never said that you could play, play this way. But you would get it from your friends, because they were already playing it. And also because their homes would be different then. Perhaps it was not that tight (strict) in someone else's home as it was with yours.

This provocative voice of peers and siblings stands in contrast to the parental voice which emphasizes the regulations and the negative consequences of the activity.

Peer interaction and game playing also provided an informal context in which to explore sex and sexuality out of the parental gaze. Many of the participants mentioned the game of *undize*, a form of hide-and-seek which in many cases leads to enacting sex. This was mentioned in the historical account of the first phase of the activity system as creating a familiarity with sexual matters (Deliuss & Glaser, 2002). What differentiates this game-playing process from observation of siblings' behaviour is that it created the possibility of sexual interaction and therefore created opportunities to learn more specifically about the activity of sex. Participant 12f 35 comments:

I could say that this undize was a significant game in that certain things would take place when children were playing this game..... So what would happen was that people would

choose a private spot where they would hide and then they would take off their clothes and sleep together. It's usually at the time of hiding that these things used to happen....I would say that it was their way of learning about the whole thing, they would take off their clothes but I don't think that anything really happened, real sex, I think they were just experimenting and they wanted to learn about sex.

However, many of these older participants highlighted that this was not *real* penetrative sex, but an imitation of the act, *it was nothing serious at that stage* (13f 36-45). Some of the older participants commented on the illicitness of the activity, marking it as *taboo*

Participant 16f 55 comments:

There was nothing really to the game because we didn't really used to get close to one another. It was quite an innocent game really. The game is associated with sexual matters in that there were those who wanted to get close to us girls, those boys who wanted to do that, but that was not acceptable and we regarded it as amanyla [something that is taboo]. Ja, it was totally unacceptable to us and anyone who disappeared during the playing of the game was reported at home, because we knew that they were up to no good. Even the parents knew this, because anyone who was reported to them got a hiding. In fact the worst that could happen in undize was that the boy could get close to you but nothing actually happened.

Peers and siblings are also a source of advice and information about the sexual interaction. Peer interactions were informative about the detail of the sexual interactions whereas parental advice seemed limited to do *not take off the panties*' (3f 49). This information is about the arrangements around the act, and about the rituals in the process, for example the pattern of *dragging* things out, and the practice of the female partner lying in a particular position during the act (see the excerpts which introduced this section on p. 132). Participant 12f 35 says: *Well ja, they told me about what happens there, as in sex, as in what happens between two adult people*

By candidly articulating the details of the act of sex peer interaction also makes sexual activity desirable, and normative. Participants mentioned that being sexually active was a norm amongst youth. Once you had accepted a boy's proposal *it was accepted and expected that you would start having sexual relations with him* (16f 55). It was the *usual practice* to sleep with one's boyfriend *'everyone used to do it'* (12f 35).

In this second phase of the activity system a tension starts to emerge about the norms of sexual conduct in the *community* component of the activity system. To a certain extent parents and youth share a concern with the negative consequences of sex, pregnancy. Referring to discussion with peers about risks, participant 16f 55 says: *Yes, we definitely used to talk about*

them all the time. We used to start sharing experiences when we started having boyfriends we used to say how one avoided being (having penetrative sex) with a man.

However, in this phase of the activity system the rigorous youth organisations incorporating an educative peer socialization process begin to break down. Youth sexual activity happens outside of this framework of traditional education and regulation. It also takes place in a context with a heightened morality about sexual norms. In contrast to the first phase of the activity system there is therefore an emerging tension between the youth and the parent position on sexuality.

It is evident that the *activity system* of apartheid also had significant consequences for the activity system of sexual activity. Untenable living conditions in the rural homelands, such as the site of this study, led to migrant labour and urbanisation. This broke down traditional forms of social interaction and disrupted family structures, causing radical changes in the monitoring and management of sexual behaviour. The traditional peer socialization processes, already threatened by Christianity and western education systems, were further undermined. As discussed above, the traditional peer socialization processes were frowned upon by missionaries. ðSchooledö and ðChristianö youth were prevented from attending the youth functions of *umtshotsho*, *intlombe* and *amagubura*, and the practice of *ukumetsha*, was prohibited. With the introduction of apartheid legislation, and the creation of homelands such as the Ciskei, youth were recruited to mining groups and travelled to Johannesburg for extended periods of time. As argued above Delius and Glaser (2002) comment that this decreased the amount of time that these youth spent in the youth organisations that monitored and managed sex socialization. This loss of context, and a formative age group to define status and responsibilities, meant that the socially valuable educative function of these processes was undermined. Sexual values and practices were learnt in the context of mine hostels and urban gangs.

Almost in response to the weakening of the regulative function of the traditional peer socialization processes, parents assumed a central role in the regulation, not of procreation as in the past, but of sexual activity. In this second phase of the activity system, a tension between parents as representative of traditional authority, and a confident, urbanised youth emerged in the *community* component of the activity system. The new peer group discarded traditional ðcontraceptiveö practices such as *ukumetsha*, and established sexual activity

(penetrative, ~~real~~sex) as normal and desirable. Traditional processes which remain intact, such as the events linked to the initiation ceremony for boys, and establishing separate sleeping quarters for these young men, further facilitated opportunities for sexual activity, and are in tension with abstinence and chastity as *mediational means* in the activity system.

Figure 17 below is an elaboration of the model of the activity system affected by colonisation and Christianity. It illustrates the complicated dynamics which characterise this second phase of the activity system of sexual activity, partly as a result of the activity system of apartheid.

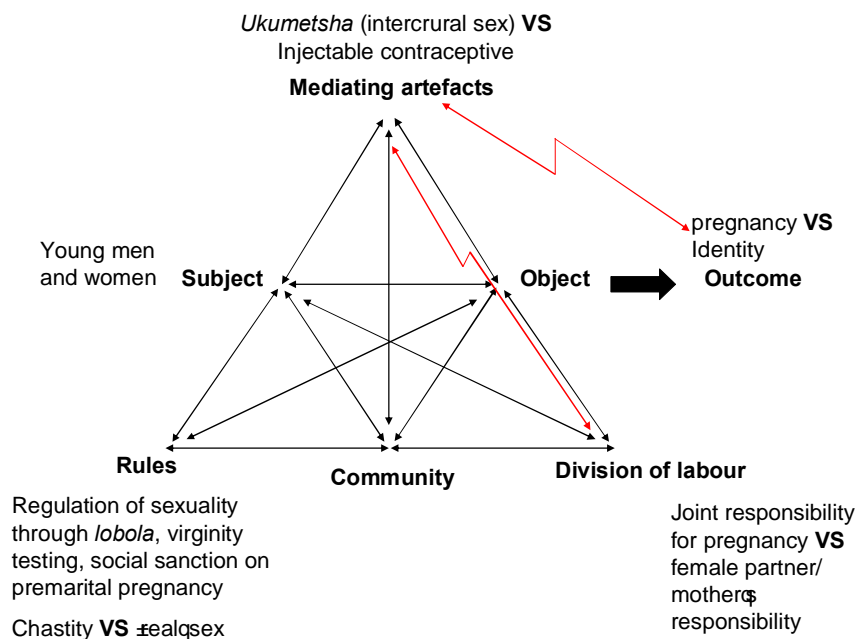


Figure 17. Model of the second phase of the activity system of sexual activity

As in the first phase of the activity system, in this second phase there was still a tension between being sexually active and the critical negative *outcome* of falling pregnant. This tension was still *regulated* by the practice of *lobola* and significant social sanctions on premarital pregnancy (the social castigation of those who caused premarital pregnancies, and to a much lesser extent, virginity testing). However, apartheid policies created the need for migrant labour, weakened family coherence and undermined many of these regulatory processes. Under these conditions ~~real~~ or penetrative, sex became the *norm* and this was in tension with the missionary promotion of chastity. Apartheid policies, both directly and indirectly, also lead to the introduction of the injectable contraceptive as a *mediational*

artefact into the activity system. This new mediational means nullified the *outcome* of pregnancy, enabled the practice of penetrative sex and was thus in tension with traditional contraceptive practices such as *ukumetsha*. It also profoundly affected the way in which sexual partners assumed joint responsibility (*division of labour*) for the risk of pregnancy. This will become clearer in the third phase of the activity system.

4 Setting the scene for HIV and AIDS

In a CHAT-based research approach constructing the activity systems is the first step in constituting the circumstances in which an event or phenomenon can be fully understood. This chapter illustrated how applying an activity system analysis to the historical and anthropological accounts, and to the rich qualitative data generated in the interviews and focus groups, initiates the construction of context.

Analysing the historical forms of the activity system revealed the tensions and contradictions in these systems and demonstrated its development over time. The mechanism of contextualisation inherent in activity system analysis thus revealed the context that is productive of a particular form of sexual activity. It is clear that this context, or activity system, is already characterised by turbulence, for example through the introduction of the injectable contraceptive. This account of turbulence in the system sets the scene by constructing the context for the appearance of HIV and AIDS in the third and current phase of the activity system.

Chapter 6 The current activity system of sexual activity

1 Introduction

The problematic of the thesis is to examine the lack of sexual behaviour change in a context of high HIV prevalence. As discussed in earlier chapters an activity theory conceptualisation argues that context is constitutive of us, and we, through our practical activity, constitute context. In this sense context is a pre-requisite for, and an outcome of, activity. An analytic approach which enables the production of this context renders sexual activity, or a lack of change in sexual behaviour, meaningful. Through describing and analysing the development of the activity system, the historical contextualisation in the previous chapter gives form to the individual-social dialectic. It has illustrated the mutually constitutive relationships between the activity and the participants, practices and artefacts through which the activity is instantiated (Wells, 2004). The assumption in activity theory is that the current form of the activity system will bear visible traces of the first and second phases of the activity system. These earlier forms of the activity thus establish a basis from which to understand the third phase of the activity system of sexual activity, that of contemporary youth in the context of the HIV epidemic.

In the first half of this chapter, I present a broad analysis of the system similar to that of the previous chapter, highlighting the tensions and contradictions within this current phase of the system. In the second half of the chapter, I focus on the *subject-object-outcome* relationship in the activity system, contrasting the activity system of a young man and that of a young woman. This chapter is thus a particular articulation of the individual-social dialectic and the second production of context.

2 The third phase of the activity system of sexual activity

For this section of the analysis I draw predominantly on the accounts of the younger research participants in the study (those below the age of 30). However, the older research participants, in their role as parents, also provide an important source of information about this third phase of the activity system.

In this phase of the activity system a range of different, and often conflicting, attitudes towards adolescent sexuality are evident. These perspectives range from a severe prohibitive stance, to a more permissive and facilitative attitude. As is evident in the discussion of the first and second phases of the activity system of sexual activity, Christian morality had a strong impact on the attitudes towards sexual activity. Historical, political, social and economic forces such as migrant labour and urbanisation fragmented families and also affected sexual norms. When asked what they were taught about sex, the comments by the participants in the young girls' focus group (FG4 10-14) reflect a prohibitive attitude towards sex in which abstinence and chastity are promoted:

It was said that we should not sleep with boys.

We were also told not to have boyfriends.

It was said that a teapot [penis] should not enter a ship [vagina], um, teapot and ship.

The sexual licentiousness of youth in the research context stands in stark contrast to the prohibitive stance of many parents. An older participant (3f 49) comments on how sexually active youth are:

Ja, now they sleep like adults, like old people, like married people... and there is no girl who is sure that 'I'm a girl', 'she's a girl', because a girl then would be a female who had never slept [with] or who had had intercourse with a boy. So that's the difference now.

Participant 19m 55+ constructs a sharp distinction between the golden age of the past in which children were respectful and discrete and what he perceives as this licentiousness. His sense of outrage is apparent:

Things have changed drastically these days, I know my children's boyfriends; you know they don't even have the decency to hide them from us. And you know with these children, they are not afraid to bring their boyfriends into our house and sometimes they would even dish [up food] for them. I don't know what is going on... Because in our days, honestly, we respected our parents. We never talked about girls in front of them and even if we had girlfriends we would hide it. ... And we wouldn't meet them around their house or around the community. We'd go to the bushes or go to the river just to talk to them. But the children today, oh my God, I really don't know where we are going....

However, participant 8f 21's comment counters this outrage and reveals an awareness of the need for discretion in front of one's elders:

Yes, some people didn't like that we were involved with boys, that's why you couldn't just stand anywhere and chat with your boy, you had to be somewhere private so that you wouldn't offend some older people. In fact even now, as old as we are, when we see an older person approaching you can't just stand there with your boyfriend, you have to pretend to dispatch until they pass, then you can resume your talk with your boyfriend. (8f 21)

In response to this licentiousness, some parents avoid the issue of sex with their children altogether for fear of condoning and encouraging it. Participant 17f 55+ says: *We are afraid of putting ideas into our children's heads... it's as if I'll be giving them permission to have it.* Participant 15m 36-45 says: *People are afraid to talk to children about these things because they think by telling them, they will go on and have sex.* However, other parents, particularly women, discuss many issues directly with their children, although this is not always accepted by other adults. Participant 19m 55+ was offended by his wife's openness with their children: *They talk alright and when talking I just leave the room, they talk about boys and when I object to this their mother would say that times are different now and she would be among them whilst talking about these things. You know these things are too much for me, they are disgusting... And you'll see these children and their mother sitting together talking and you don't even know what they're talking about. And I myself don't even get into those conversations. I have my own heart and whenever I see that okay, they now start talking about their boyfriends, because these children are disrespectful, I just keep quiet and leave the room.*

In this third phase of the activity system, encompassing the period 1976 to 2000, the terrain of sex, sexuality and sexual health, has changed. Sex and sexuality are more prevalent in public fora such as the media, and in the research context youth sexuality is more visible.

Information about sex and sexual health is more widely available from a variety of sources.

To some degree the pendulum has swung from adults to youth in knowledge about sex and sexuality. For the research participants discussion with one's children, or with one's parents, about sex, sexuality and sexual health matters, was marked by the inter-generational awkwardness referred to by Delius and Glaser (2002). Participant 15m 36-45 says: *children now are far more advanced. I really don't know how they get to know about these things.*

Many of the participants, as parents, were very conscious of this inversion in the 'knowing' of sexual matters. It challenges, and creates dilemmas for them, in their responsibility for communicating about, and regulating, sex. Participant 3f 49 says:

...what makes it difficult to talk to them is because I know that they already have information about sex, and they know it their own way and er, its not like us, because we were really children then. With them they are grown up in terms of knowledge...

Delius and Glaser (2002) argue that in the period of the 1970s-1990s the political struggle against the apartheid system and the 'comrade' movements dented generational authority and further reduced the already very limited scope for parents or teachers to play a meaningful role in the sexual socialisation of adolescents. In the research context parents communicating about sex were sometimes ridiculed by the 'knowing' child. Participant 2m 44 says that he gave his 23 year old son condoms and *he laughed at me when I gave them to him saying that*

he 'didn't understand how it could prevent me from getting anything, if there is anything anyway'. The lack of receptiveness of their children and the perception that *you can talk and talk as much as you want and no one takes you seriously* (19m 55+) engenders feelings of powerlessness and sometimes anger and frustration. Many of the parents seemed to feel overwhelmed by their responsibility to do something about their child's emerging sexuality and were at a loss to perform this regulative function. Participant 3f 49 comments *I don't know, I don't know. I don't have the courage to talk to them*. This participant acknowledges that she *never had a chance to sit down with my kids, and tell them that you never take off your panty, this is how this is done, no sexual intercourse*. Some parents seem to have resigned their responsibility for managing and regulating sexual activity. Participant 19m 55+ says: *No, no I haven't [spoken to my children] because I realised that they are far more advanced than me so I just let them do whatever they want to do and I just watch*.

In this third phase of the activity system, many parents seem thus to observe, rather than regulate, sexual activity. This is in contrast to the desire on the part of some of the younger participants for communication with their parents. Participant 8f 21 reflects on her mother's response to her request for greater communication:

No (my mother) said that she couldn't picture herself doing that. She gave the old excuse of the present generation knowing everything, she said we know everything, so there's no need for them to sit down with us and talk things straight.

In this context of greater sexuality some parents seem to have responded with greater permissiveness. In some cases parents were aware that their children were sexually active and allowed it to happen. This permissiveness is evident in Participant 16f 55's attitude. Her main concerns are that her daughter avoids pregnancy and maintains the appropriate discretion in front of others:

Well I allow my children to go [and sleep with a boy] when I see that they're old enough to go... No, I never actually say 'you can go', but I just allow it to happen... No. If I catch them at it, then I feel that I have to tell them to go and protect themselves through family planning. What I don't want is for her to get pregnant before time. ... Well these days children will just go, they're free to go because they now have their own rooms and don't have to share a room with their parents so there is a chance to sleep out and go and meet with their boyfriends. And I think it's different even with the parents because we don't really mind that they sleep out as long as you know who the boy is, then you allow it to happen. ... Ja, they go and we pretend not to know. But it happens that sometimes in the morning when it's time for her to make tea you find that she's not there, she hasn't come back yet... You can only scold her when she comes back and tell her that this is not the time to be coming back and that she should make sure that she's not seen by people. You tell her that, it's not that she shouldn't go out or sleep out and go to her boyfriend, but it's not proper for her be seen by other people, for other

people to know that she had slept out and she was only then coming back. You tell her to come back early in time to make tea and wash and go to school.

This permissive attitude is evident in the way in which youth, including female youth, are freer in their movement outside of the homestead and in access to their own sleeping quarters, providing them with more opportunities to be sexually active. Participant 8f 21 says: *Now I have more freedom at home, because once my mother noticed that I was sleeping out she gave me my own house.* Participant 3m 51 argued that youth are much freer these days:

Yes, much more. Nowadays they are all free. They are built houses outside, the rooms, as the girl and then as the man, the young man or boy. And in that way it is what makes it easy for them to have sex there.

There is no longer the need to meet in the veldt. Participant 3f 49 says:

Quite a lot is different now days. Because during our time it would be a boy who comes, who comes to your place and knocks there and you would have a way of going out, and you would never sleep at your home or at his home, you would do it in the veldt. Today the girl goes to the young man's house.

One of the factors mediating these responses to adolescent sexuality is the presence of the family planning programme and the injectable contraceptive as a *mediating artefact*.

Although this emerged in the second phase of the activity system, it is entrenched in this phase of the activity system and will be discussed in detail in section 3.2 below.

In this third phase of the activity system the change in the *norms* of sexual activity sets up a significant tension between a prohibitive attitude towards sexuality on the part of some parents and elders, and the perceived sexual licentiousness of youth. However the prohibitive stance is fairly weak and parents seem either resigned to the state of affairs, or permissive of adolescent sexuality. Delius and Glaser (2002, p. 46) comment that over the years 'inter-generational sexual instruction had all but collapsed, as had sanctions against seduction and impregnation'. In the *community* component of the activity system, the main reference group is definitely not that of adults and parents. In many senses, youth negotiate and regulate their own activity. Participant 11m 23 echoes this view:

...Not even our parents tell us about these things. You just learn for yourself. You hear about things from peers you know and perhaps your older brothers, your older siblings I would say, but ja, generally you pick things up from friends.

In this phase of the activity system there are significant changes in the formal mechanisms which monitored, regulated and managed sexual activity.

3 Mechanisms of monitoring and managing sexuality and procreation

In the second phase of the activity system the mechanisms for controlling sexuality were virginity testing and penalising premarital pregnancy. The practice of virginity testing died out in the second phase. In this third phase of the activity system a slightly reduced form of penalising premarital pregnancy is still evident.

3.1 Penalising premarital pregnancy

As in early phases of the activity system a constraint on sexual activity is the potentially problematic *outcome* of pregnancy. In this phase of the activity system premarital pregnancy still affects lineage, inheritance rights, and access to resources. Penalties for causing premarital pregnancy are still applied, however, the practice of *isihewula*, the public castigation of the impregnation, has fallen away. Participant 6f 28 referred to the payment of a fine for her premarital pregnancy:

When I was pregnant, my mother arranged for some of the family members to go there [to his family] and tell them what is going on So they are expected pay for that ... And so the mother [says], 'You have to give the payment for the damage you have made to my daughter'.

An older female participant implied that the social cost of being denied schooling had lessened:

So nowadays its different. These girls, they go to school, they just get pregnant, then the child goes to school, and goes with other girls, although they are pregnant, which did not happen then. So this encourages the pregnancy (5f 53).

The concern about premarital pregnancy as a negative outcome of sexual activity is significantly reduced in this third phase of the activity system. Younger research participants voiced more concern about their parents knowing about their activities, than about the risk of pregnancy. It is almost as if it has ~~disappeared~~ as a concern within the activity system of the younger research participants. A significant factor which has influenced their attitude towards the risk of pregnancy is the availability of contraceptive means.

3.2 The significance of the injectable contraceptive

The patterns of contraceptive use which were present in the second phase of the system have not really changed over the last 20 years (Burgard, 2004). This reliance on injectable contraception persisted into the post-apartheid era partly because there have been no dramatic changes in social and economic conditions or mass migration out of the former black areas (Burgard, 2004; Rees, 1995). By 1990 an estimated 58% of South African women aged 15-49 were practicing some form of contraception (Caldwell & Caldwell, 1993). Currently, the injectable methods mentioned in the section above (DMPA and NET-EN) are available at no cost to users of primary care facilities across the country. DMPA has been heavily promoted and widely distributed in the government family planning programme and for many women it is highly acceptable. These injectable methods are the most commonly used forms of contraception, particularly amongst women aged 15-49 years, and low-income populations (Morrone et al., 2006). While the male condom has been available, it has not been actively promoted for family planning as many providers do not regard it as being sufficiently reliable for pregnancy prevention. For the participants in this research context use of injectable contraceptive was a norm.

For the research participants who were sexually active after the 1970s the risk of pregnancy was moderated by the knowledge that their partner was protected by the contraceptive injection. Fear of pregnancy thus need not constrain sexual activity, nor act as a deterrent, and a greater degree of sexual licence is granted to young people. A young female participant 7f 19 says: *I wasn't scared of pregnancy because I was taking the contraceptives*. For participant 8f 21, the fact that she had begun to use the injectable contraceptives meant that she could move out of the house to sleep with her sister -in an outside room- *because I knew that I was making a chance for myself to go whenever I wanted to go*.

A high rate of adolescent sexual activity has been found in this research context. In a survey conducted in this area in 1999, Kelly and Parker (2000) found that 92% of the respondents had previously had sex, and 62% of these respondents had had sexual intercourse at, or below, the age of 15 years. Delius and Glaser (2002, p. 50) argue that the 'peer group pressures that had previously restrained adolescent sexuality now urged youth on to greater levels of sexual experimentation'.

In this study, in contrast to the missionary Christian imperatives of abstinence and chastity, both the young male and the young female focus group participants argued that abstinence was not an option. The young women (FG2 16-25) said: *We don't know about abstinence before or after being sexually active. We don't believe there are such people.* The young men (FG3 16-25) said: *Very few or none practice abstinence.* It is possible that the availability of contraceptives and the normative sexual culture enabled the youth to feel entitled to be sexually active. In addition to this, young people in this third phase of the activity system are more mobile and relationships happen away from the surveillance of elders.

In this third phase of the activity system of sexual activity parents' role in regulating and managing pregnancy was thus challenged by changes in the terrain of sex and sexuality. Dealing with sexually active youth, and a context in which information about sex is freely available to youth, seems to have frustrated and overwhelmed parents.

3.3 Parental regulation of contraceptive use

In the earlier phases of the activity system the risk of premarital pregnancy was managed through instituting controls which monitored and managed sexual activity, for example, virginity testing. In response to the sexualised context in which they live, and their reduced ability to monitor and regulate sexual activity, it is almost as if the regulative function of virginity testing has been replaced by parental regulation of contraceptive use. It seems that all parents *can* do is to regulate sexual activity through monitoring and managing contraceptive use.

The regulation of contraceptive use is distinctly gendered. Participant 10m 16-25's comment reflects the difference between the roles of mothers and fathers in regulating sexual activity. The response of the father (who would carry the financial cost of a premarital pregnancy) is punitive. The mother moderates this response and resolves the potential problems related to a sexually active daughter by sending her to the clinic:

... And because my girlfriend was caught by her parents coming out of my house, the following morning she was immediately sent for contraceptives... Her father was very angry and wanted to beat her up, but her mother convinced him that hitting a person never mended problems, instead it makes them worse. And she then sent her to the clinic [for contraceptives].

There were many examples of mothers and grandmothers responding to their daughters in this way, either at the onset of menstruation, or when they noticed them becoming sexually active, in some cases from as young as 12 years of age:

With my child, the minute she went on her period, I took her to the clinic for family planning. 16f 55

When I started with my menstrual cycle, I told my mother, and my mother sent me to the clinic for the contraception. 1f 27

What I did is to send them (my daughters) to the clinic for contraceptives after noticing they have boyfriends. 17f 55+

...And also when I started getting interested in boys, my mother called me again and said 'My child, I think that you should go to the clinic for contraceptives, because I don't want you to get pregnant'. And she told me that 'I'm not giving you a ticket to sleep around and have every boyfriend in this village, because if you do that you might contract bad diseases'. 9f 18

... my daughter started (having sex) at fourteen, and I just told her to go get an injection because I can't stop her doing that and I don't go with her to school. 13f 36-45

There were also cases of young girls going to the clinic for contraceptives on their own. An indication of the level of fear of becoming pregnant is that some youth want to use the injection even if they are not yet menstruating. Participant 8f 21 comments about a friend: *She lied there [at the clinic] and told them she was already having her periods, so they gave her a contraceptive injection, so she's been going there regularly, but she's never had her period yet.*

Communication about sex between parents and children in this third phase of the activity system seemed to be predominantly between mothers and daughters. There was little evidence of fathers or mothers talking to their sons about sex and the risks attached to the activity, as was the case in the second phase of the activity system. The content of maternal communication about sex also focussed on getting the injectable contraceptive from the local clinic. It did not address other risks in sex, such as sexually transmitted infections (STIs), including HIV and AIDS.

The injectable contraceptive as a *mediating device* has thus had an effect on the *division of labour* in regulating sex and pregnancy, and it has enabled a more permissive attitude towards sexuality in youth. Some of the other mechanisms for regulating and managing sexual activity

used in the first and second phase of the activity system were also significantly affected by the introduction of the injectable contraceptive.

3.4 Intercrural sex versus penetrative sex

The traditional sexual practice of thigh sex (*ukumetsha*) used to regulate pregnancy and in its demise in the second phase of the activity system, no longer takes place in this third system. Participant 11m 23 comments: *No, no, there was no such thing with us [only] real sex*. The injectable contraceptive changed the nature of the activity. The practice of thigh sex was no longer necessary and penetrative sex became the norm.

3.5 Social and cultural events linked to peer socialization processes

As mentioned in the first and second phase of the activity system social and cultural gatherings such as *umtshotsho* and *intlombe* formed a central part of the traditional socialization process. Attendance at these ðtraditional culture events is not contested in the same way as it was in the second phase of the activity system. By the third phase of the activity system the tension between the ðschooled and the ðred people has abated, possibly because the values of the ðschooled group have come to dominate social life in this context. The formally organised peer socialization processes described in the first phase of the system, and present to a certain degree in the second phase of the system, are not evident in the third phase of the system. The younger research participants mentioned the events which were historically linked to these formal youth organisations (*umtshotsho*, *amagubura*, *intlombe*, *imiguyo*, and *mgidi*), but the main significance of these events was that they created opportunities for youth to engage in sexual activity. Participant 11m 23 illustrates how these social and cultural events provided the avenue to escape from parental surveillance:

What we would really look forward to was you know, social gatherings like social activities that were held at night. These were you know the real fun areas where we would meet our girls and you know we would have sex with them, because then the problem was that we slept with our parents, we shared bedrooms with our parents, so there wasn't really a chance to bring a girl home. So it would be during these occasions that we had a chance to sleep with our girls. You would then look for a chance to take her home with you, you know, to sleep overnight, but this was rare. We would use occasions like intlombe and amagubura, you know

we would take advantage of such occasions to take our girls home with us so that we could take them back and the parents wouldn't realise that anything had happened.

These younger participants did not make any reference to the way in which these events functioned to socialize them in appropriate sexual behaviour and values as happened in the first phase of the activity system. Ironically sex is facilitated, rather than controlled and managed, through these social and cultural events.

Participants also mentioned a range of other social activities such as sport events, parties and religious events, which were significant for meeting other youth. Soccer matches played a central role in providing opportunities for interaction with partners. Participant 8f 21 explains this:

P: There would be parties and discos.

I: Was this during the day or at night?

P: At night so we would be able to see them at these occasions which were held at night. There would also be concerts and sometimes we would meet at the football fields.

I: You talk about meeting at these places, does this mean you went there together or did you used to go by yourselves and meet them there?

P: Ja, we used to meet them there, even in football we would go to watch football, but we girls had to sit on one side and the guys would be sitting on the other side, we wouldn't even sit together. Ja, what used to happen was that you would see that your boyfriend was sitting over there but you wouldn't talk to him, then you would meet him on the way home, it was then that people paired off and walked home in couples. Those who wanted to meet with their partners always had to make sure that they did this early so that they could time when they had to go home and they could be through with whatever they were doing. So if you knew that at the football game, perhaps a soccer match, you wanted to meet with your boyfriend or girlfriend then you had to slip off early so that by the time other people go home, you can be seen to go home.

A participant in the young girls' focus group (10-14) said that they meet boys: *at the Chief's village when we go there to watch soccer.* Participant 4f 15 says: *There was a party at the crèche, I attended that and that is when I met him. He saw me and then he called me and then we went together to his place. We had arranged that already.*

Participant 7f 19 mentions an overnight church event called *umlaliso* which facilitated her first sexual experience:

This particular day it was going to be a Church day at night, here at (the village), there was a house here. So we attended that. So I asked permission from my father to come and attend that. I knew that I wasn't going to really go to the Church because I wanted to take the chance. Then this night he [my boyfriend] was also present in the Church. And he sent a

message that he wants to see me. So we went out, because it was at Church, overnight, its called umlaliso. So we left the Church and we went to his house. He had his own house, separate.

3.5.1 Initiation

In this third phase of the activity system, the male youth initiation process which celebrates the transition to manhood is still practiced. Youth did not comment on its educative function, but they did highlight the significance of the initiation process for their sexual activity.

Participants in the young men's 16-25 focus group said:

Men from initiation school are a centre of attraction to ladies, they love you more; They stand more chances of getting girls, the same thing happened to me when I came back; It also happens that even if as a boy, you were shy and inactive, when you come back from initiation school you get very much sexually active.

Participant 9f 18 comments:

The boys would grow up and reach a stage where they have to go for initiation and on their return you would find out that they are now more advanced and they will ask a girl to visit them at their houses. And once the girl gets there, they would ask for sex and the girl wouldn't know anything about it and then the boys would just lead the way and teach them how it's done and everything like that.

After initiation male youth are still provided with separate sleeping quarters and for some youth this facilitated their sexual activity. Participant 4m 19's debut sexual experience at age 15 was facilitated by access to his friend's outside room. A reflection of the greater permissiveness on the part of parents is that this access to one's 'own room' has been broadened to include both male and female youth. There is now also no longer the need to go to the forest at midnight or to use the 'bush'. Participant 4m 19 says: *When they (girls) know you have a room, they wouldn't like you to do it in the bushes because they know that you have a room.* In addition to this physical space, many of the events and socialization processes previously central to the organised peer socialization processes seem to have become *tools* or *mediational means* in the activity system in the sense of providing opportunities for sexual activity.

These historical changes seem to have had an effect on sexual practice in the sense of the age of debut sex. The older participants were of the view that youth in this phase of the activity system are sexually active at a much younger age than they were in the past. Participant 17f 55+ says: *No, our children now start earlier, sometimes even before you think they are doing*

it. They also grow fast and I'm not sure whether they are naughty or what. Participant 19m 55+ says: *Oh, children these age start as early as eight or ten years and by then I tell you, they already know a man.* Participant 15m 36-45 argues that youth in the past were perhaps unsophisticated, and unaware of sex. He says that these days children start having sex:

At about ten, but before they [youth] started later on, maybe at about fifteen. We were dom [stupid] then, but children now are far more advanced. I really don't know how they get to know about these things.

Even one of the younger participants (10m 16-25) is convinced that children today are sexually active at age 10:

P: The way I see it, at 10 years children now know more than we did. I'm not sure whether they get their information from their parents, or they're just curious. They start having sex early, even before they reach teenagehood, at maybe ten.

I: At this stage, is it playing like undize, or not?

P: No, it's not that. They are doing the real thing, and these children don't play undize anymore.

Several studies have indicated that adolescents commence sexual activity at a young age in South Africa. Buga, Amoki and Ncayiyana's (1996) study in a rural area of the Transkei where the mean age of informants was 15-16 years, found that 76% of girls and 90% of boys were already sexually experienced, with boys starting sexual activity significantly earlier than girls and having more sexual partners. In Parker, Makhubele, Ntlabati and Connolly's (2007) nationwide study, 14.3% of males and 3.3% of females reported having first had sex at age 14 or younger, whilst over a third of males (43.8%) and a quarter of females (25.8%) reported first sex at the age of 16 or younger. Sexual debut occurs at the age of 16 and below for less than a third of respondents, but by the age of 19, most have had sex. Burman and Van der Spuy (1996) also highlight the decreasing age of menarche in young girls.

That this research context had an above average lower age of sexual debut is borne out in the data from a survey conducted in this area in 1999. Kelly and Parker (2000) found that this site had a significantly lower age of sexual experimentation and intercourse debut than that of the youth in five other sites across South Africa. In his study 92% of the respondents had previously had sex, and 22% of these youth, had had sexual intercourse at, or below, 11 years of age (ibid). It is possible that the changes in the regulation of sex (no formal peer socialization process; little adult regulation), and the *mediating artefacts* (injectable contraceptives, separate living quarters, cultural and social events), creates the possibility of youth being sexually active at a younger age.

3.5.2 Delay in age of first marriage

In the third phase of the activity system, the formal regulation of relationships between men and women is still recognised through the payment of *lobola* although there are some changes to this practice. The monetisation of the economy has meant that *lobola* increasingly takes the form of monetary exchange valued according to a woman's economic potential, as indicated by her level of education and by her ability to bear children, potential or proved (Kaufman et al., 2001).

Related to increasing levels of education, urbanisation and economic opportunity, many young people in South Africa (and the sub-Saharan region) are delaying the age of marriage, or remaining unmarried (Garenne, Tollman, Kahn, Collins & Ngwenya, 2001; Hunter, 2007). High levels of unemployment, and the higher levels of education and employment potential of women today, have created constraints on payment of *lobola*, delaying, or even preventing, marriage (Kaufman et al., 2001; Thomas, 2007). Schooling and the migrant labour system sometimes leads to the age of marriage rising (Potts & Marks, 2001). In the research context, previously marriage was a means to escape parental regulation and prohibition. With migrant labour, and the introduction of the injectable contraceptive, this is no longer necessary. In addition to this, a number of authors in the population studies literature have commented on the increasing acceptability of sexual relations before marriage (Chimere-Dan, 1996; Preston-Whyte, Zondi, Mavundla & Gumede, 1990; Ncayiyana, 1991). This normalisation of late marriages creates a longer period of time for premarital sexual activity. This, combined with patterns of early sexual debut, means that many *subjects* in this third phase of the activity system have therefore had a higher lifetime number of sexual partners (Parker et al., 2007).

4 The role of peers

As in the second phase of the activity system, in this third phase the peer reference group plays a significant role in framing sexual activity, but not in the organised sense of the traditional youth structures in the first phase of the activity system. The accounts of the participants were dominated by references to the role that peers and siblings had played in implicitly and explicitly modelling modes of engagement about sex and setting the norms of what is possible. As in the second phase of the activity system, for some youth this exposure

to the nature of sex and the possibility of sexual interaction happened because they shared sleeping quarters with older siblings who would bring their partners into the room at night. For participant 11m 23 this helped him make up his mind *to have a girl too*:

I: When he [your brother] had been having his girls in... was it a question of him waiting for you to fall asleep before they did anything?

P: No, no. He never actually waited for me to fall asleep. He would go ahead and do his thing while I was there, I mean it was no big deal to him or to me either.

I: You mean you didn't mind? You could just watch and you didn't mind at all?

P: No it didn't really bother me but, ja, it didn't but I think it was one of the reasons why I made up my mind to have a girl too, and after that when I also had my girl it was no problem because he would leave the room and I would also leave the room when he was the one with, with someone in.

Peer interaction through game playing also provided an informal context in which to explore sex and sexuality out of the parental gaze. Playing *undize* does not seem to have changed much over time. Participant 11m 23 provides a detailed account of this:

I started off with undize and we were about 8 years then ja, 8 years of age I would say. [It was] a group of us children who would play. It was this sort of hide and seek game where we had to hide and one of us would come looking... We boys knew who we had an eye on, like you would know which girl you wanted to approach and then you would plan it such that you would be in hiding in the same place as the girl you had your eye on. Of course we were not always able to plan which girl to hide with and it would sometimes happen that you would find yourself in the same hiding place as some girl, any girl now. And then even if you had not planned it then it would occur to you at that moment that here was a chance to do something... sort of sleeping with a girl although the girls did not have to take their dresses off. You would just lie on top of her... We all would have our clothes on but we would just lie on top of the girls and that was all. This would go on and ultimately you would hear from the older boys that the clothes had to be taken off. Then we would go back now with this knowledge and we would have our clothes off and we would try to get the girls to take off their clothes, but sometimes they would refuse. It depended on how lucky you were. Then you would, you know, sort of do, do what the older boys have shown you or have told you to do. Sort of an imitation of the adult thing but it wasn't really the real thing then. If you were lucky and the girl agreed to take off her clothes, then you wouldn't do the real thing but you would end up doing it between her legs.

Peers are also a source of the more detailed information about sexual interaction, providing exposure to the actual act of sex. Participant 6f 28 explains *they were telling me, when you are with your boyfriend, you have to do like this, and do like this*. Participant 12f 35 says: *Well ja, they told me about what happens there, as in sex, as in what happens between two adult people*. Participant 7f 19 says that peers provided her with information about what to expect on her first sexual encounter:

(Laughs) I was scared because this was the time now we were meant to go to sleep. Because we arrived there at a certain time and we talked and talked, but now it was time to go to sleep, and I was scared because I didn't know how it was going to go, because it was my first time.

I: Did you know what would happen? Did anyone tell you what would happen?

Yes, my friends had told me what would happen, how to do it and so on

A preliminary version of the activity system which has emerged from this analysis can be summarised in graphic form (see Figure 18 below). The components of the activity system which have become significantly weaker in this phase of the activity system are depicted in blue.

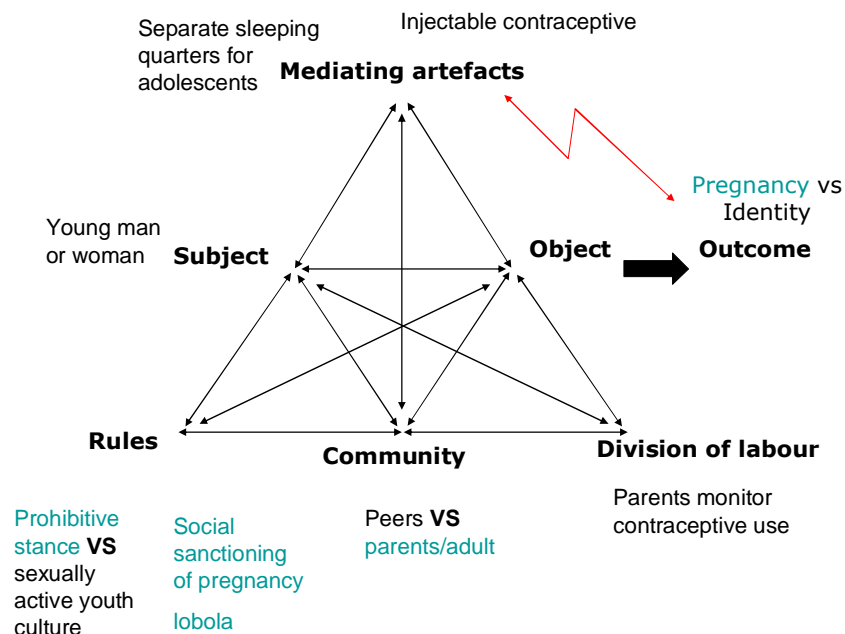


Figure 18. Preliminary model of the third phase of the activity system of sexual activity

There are two *norms* governing this third phase of the activity system. The prohibitive stance towards adolescent sexuality is in tension with the more dominant sexually active youth culture. In the *rules* component of the activity system, the social sanctioning of pregnancy is present, but weaker, and the cultural practice of *lobola* payments is present, but marriages are delayed. Peers form the dominant reference group for young men and women, the *community*

component of the activity system, and assist in the construction of *identity* as a dominant outcome of the activity. Other than the active regulation of contraceptive use by mothers, parental monitoring and regulation of sexual activity is much weaker than in previous phases of the activity system. The adult/parent community tends to observe rather than regulate sexual activity. A more permissive attitude on the part of some adult/parents facilitates sexual activity through the provision of separate sleeping quarters (*mediating devices*). The most significant change in this phase of the activity system is the entrenchment of injectable contraceptive use. The main effect of this new *mediating artefact* in the activity system is the lack of concern on the part of male and female subjects about the negative *outcome* of pregnancy. This *mediating artefact* seems to have nullified the risk of pregnancy for these subjects. In this third phase of the activity system, the peer group of the young male and female *subjects* is critical in defining the *object* and the *outcome* of the activity. In the next section I discuss this in greater detail.

5 The sexual interaction

Sexual interaction is the focal point of the activity of the system and examining the dynamics in this interaction is crucial to understanding practices in relation to the risk of HIV infection. The private nature of sex, and the sensitivity in asking questions about such a personal activity, meant that the interviews did not focus in detail on the actual sexual interaction. However, the activity system analysis does bring the relationship between *subject-object-outcome* into focus. This contextualisation of sexual activity makes the dialectical relationship between the *subject* and the *object* apparent.

5.1 Subject-object relationship

The *object* of interest in the activity system is the *problem space* at which the activity is directed. As Leontiev (1978) has argued, the *object* of an activity gives it a determined direction, and its true motive, which may be material or ideal, present or imagined. He highlights the dual nature of the *object*:

(first) its independent existence as subordinating to itself and transforming the activity of the subject; second, as an image of the object, as a product of its property of psychological reflection that is realized as an activity of the subject. (Leontiev, 1978, p. 52)

In sexual activity, the sexual partner exists firstly as the *object* of the activity, in sensual form, independent of, and external to, the *subject*, but ultimately transforming the activity of the subject; and secondly, the *object* exists in an ideal form, as what is desired in the activity of sex. For example, the *object* of the male *subject's* activity system is the desirable female (the 'internal image' Davydov, 1999). The *object* in the form of the female partner is the motivation for engaging in the activity, for agonizing about it (Engeström et al., 2002, cited in Engeström, 2005), with an *outcome* of sexual gratification. The *object* in this sense is that which satisfies the need of the *subject*. One of the young male participants (10m 15-25) in the study comments: *I just have sex for pleasure and to just satisfy I just wanted a girl to satisfy my needs.*

At the same time it is through this activity that an identity is produced. This *object* of the activity was illustrated in the younger participants' expression of the need to feel part of a group, which included being seen as sexually active: *Yes, there are cases where you see your friends are much sexually active and you don't want to be left out, you do as they do* (FG3 young men 16-25). Participant 10m 16-25 says: *I have sex to do what the others did, so I could have a story to tell when my friends tell theirs.* As highlighted in the previous section, the peer group is the dominant reference point or *community* in this phase of the activity system, and it is this group that makes sexual activity desirable and normative. Participant 11m 23 says that he felt as if he was *missing out* and that he learnt from his brother that being sexually active was *'expected of me'*. This peer pressure motivated some of the younger participants to start engaging in sexual activity *at the age of ten to fifteen because of their friends that are sexually involved. They don't want to be left out or be behind times* (FG2 young females 16-25).

It is evident that the participants in the study employ particular sets of gender-differentiated discourses which, as argued by Hollway (1984) render their practices in relation to each other meaningful. In the case of many of the male participants in the study sexual activity is related to the production of 'manhood'. In the first phase of the activity system, Mayer and Mayer (1970) commented that historically youth expressed disapproval of both girls and boys who did not engage in the permitted 'sexual play' (intercultural sex). A man who had no 'sweethearts' was unlikely to enjoy prestige, and was referred to as *'an isishumana'* (ibid, p. 176). Echoing this, one of the younger participants (4m 19) argues that if a young male is not sexually active, he is referred to as *'ushumani', a shoemaker*. Or, he argues: *they will also call*

you a soil snake, the one that doesn't have a poison... you are not dangerous, you are not doing anything... You have no buhlukhu, buhlukhu means quite dangerous. You are a snake that has no poison.

Henriques, Hollway, Unwin, Venn and Walkerdine (1984, p. 223) argue that the discursive practices in any particular context will produce particular relations of desire, ðimplicit and explicit sets of assumptions which enter into the practice and regulation of interpersonal relations and the production of positionsö. It is these discourses which ðset the parameters through which desire is produced, regulated and channelledö (ibid, p. 220). This is evident in participant 10m 16-25's argument that he engaged in sex to address his *manly needs* and that of another participant in the young men's focus group (FG3 16-25) who argued that one engages in sex *because you don't wanna be seen as a weak man*. In participant 10m 16-25's interview, the need to form a masculine identity in which virility is central, becomes clear. He argues that sex is *for procreation so that my family name doesn't end after I die, because my father made us and I have to make other children as well*. Hollway (1984, p. 231) refers to this as a key tenet in the male sex drive discourse, ðthat men's sexuality is directly produced by a biological drive, the function of which is to ensure reproduction of the speciesö. It is through sexual activity that the male subject as a virile being is produced. Hollway (1984, p. 237) argues that subjects recruit or enlist particular discourses ðwhich are socially constituted and constitutive of subjectivityö, because they confer power on the individual. Boys need to be seen as 'proper men' because this is a gender appropriate position and girls have to be seen as attractive, and as 'keeping' a boy. For the *subjects* of the activity system, their ðinvestment is in their own identitiesö (Hollway, 1984, p. 241). The *object* (in the form of identity) is thus also that which is realized in the course of activity, it is the embodiment of purpose. In the activity the *subject* and the *object* merge in the sense that the production of self occurs in the 'labour' of sex. In this sense the person in the activity system is both *subject* and *object*, invested with value through sexual activity.

It is also in this sense that the difference between the *goal*-driven action of the individual, and the *object*-motivated nature of the collective activity, is apparent. Individual action is managed, or driven, by a goal, but a collective activity is driven by an *object* and in this activity system, the cultural resource is masculinity, or the production of manhood. The individual's action is embedded in this broader collective activity meaning that desire is in the system, not in the person. For the male *subject*, it is the desire to be seen as the virile, sexually

active man that drives the activity. In this analysis we might therefore refer to sexual gratification, reputation and identity as the *conceptualised object* of the activity system, whereas the male or female partner is the physically real form of the *object*, the *sensual object*.

However, the *object* of the activity system in this study is different for male and female *subjects*. For the young male subjects in this third phase of the activity system, the *object* is to obtain sexual pleasure; to establish a reputation amongst his peers; and to demonstrate virility through producing children. For example, for participant 11m 23, sex forms a central part of a relationship:

Well I think that is [sex is] the part we enjoy the most. I don't think our relationships would go well if sex would be stopped because I think that's the most enjoyable and most important part of the relationship... Ja, I think ja, because there is the physical part, the desire... And I think things would be different if one were to be taken away, like for instance if we had to stop having sex...there would be something missing.

For the female participants in the study, curiosity and a desire to follow one's peers do drive their engagement in sex. Participants 6f 28 said that she did not know about sex, but: *I had already heard my friends talking about it (saying) 'Its nice', and I also want to know how it is, so that I experience it.* However, their accounts of engaging in sexual activity place a much greater emphasis on being in a relationship. Participant 7f 19 was also curious to experience what her friends were engaged in. When she was 13 years old, a boy approached her:

He called me, and he told me that he loves me. I told him I would think about this. And then I had to go to friends, asking what should I do, how should I go about this... they knew about this, and they were already involved in relationships, and I also wanted to sort of feel how, to test how it feels to have someone just like my other friends, as they already had relationships... Then I wrote a letter in response to his proposal... saying its okay, I accept the proposal....

The *object* of sexual activity for this young girl is expressed as a desire to *have someone just like my other friends*, a desire for a relationship, rather than sexual gratification, or meeting a woman's needs.

The gendered dimensions of the nature of the *object* are evident in the have-hold discourse, in which the woman is the object that precipitates men's natural sexual urges (Hollway, 1984, p. 233). In commenting on his first sexual experience, a young male participant (4m 19) reflects this notion of 'possession': *Yes I was happy, I was very excited that I had got a lady.*

And then when she came in the room, then I started panicking, and ... I got worried because I am going to do it now.

However, Hollway (1984) argues that women are not just the passive victims of this male sexual drive. In the research context, being sexually active is also a significant identity *outcome* for young women. For example, when asked what she thinks of someone who is not sexually active, participant 7f 19 laughs and says: *It is funny, we laugh at her if she doesn't have a boyfriend, if boys are not proposing to her (laughs)*. Hollway (1984, p. 233) argues that in order to attract men, and keep a man, women can take up the object position in the male sexual drive discourse (ibid, p. 233). For women, sex then derives its meaning from the have/hold discourse, and keeping a man is expressed as wanting, and maintaining, a relationship. This was evident in some of the female participants' accounts. Participant 8f 21 says:

P: Well for me personally, I don't find anything attractive about it [sex], I only do it because I love my boyfriend and I don't want to deny him when he wants to.

I: Does this mean you're only doing it for him, you're only saying yes to sex because you want to please him?

P: ja, that's right, I don't find anything enjoyable about it.

...

P: No, sometimes I do want to, ja I do want to sometimes and then I will, but then at other times it's because he wants it and I just sleep with him because he wants me to.

I: Would I be correct if I say that you girls only have sex with your man or boyfriends because they insist, not because you really want to, not because it's something you are dying to do or anything like that, not because you feel that the boyfriend...you want to make him happy, so you go along?

P: Ja, ja, in a way that is so because even if you don't feel like having sex, you feel you have to because otherwise he'll go to other girls and you don't want that, you want your man to stick to you because you love him.

When participant 7f 19 was asked what her partner would do if she said that she did not want to have sex anymore, she laughs and says: *Yes, I think he would leave me*, because staying in a relationship without sex *is very much scarce* (it rarely happens). It is thus within the practices of gender-differentiated discourses concerning sexuality, that gender identity is reproduced (Hollway, 1984, p. 241). She argues that 'attracting a man is the defining feature of femininity. Keeping him, according to the male sexual drive discourse, means continuing to be attractive to him' (ibid). This is the female *subject's* investment in taking-up the *object* position in the male sexual drive discourse.

Another characteristic of sexual activity in this context which illustrates the gender-differentiated *object* of the system is the practice of having multiple sexual partners. In the second phase of the activity system male youth conventionally had more than one partner, although this was not as acceptable for female youth. Participant 13f 36-45 comments that her partner

... had plenty other girls, especially when I was pregnant and raising our baby I couldn't do anything (about it)... You know my boyfriend didn't want me to have other boyfriend, although he was not faithful to me.

Another participant's grandfather seems to have initiated him into relationships by condoning having multiple partners:

I think I was about 15 then, my grandfather had a lot of extra marital affairs and he used to go with me whenever he went to visit these woman and on our way there he would talk to me and he would say 'You see my son I have all these women, but I know what is right and what is wrong'. (18m 56)

In the third phase of the activity system this norm for young men is maintained. One young male participant (11m23) seems to feel justified in having multiple partners if his girlfriend is unavailable.

P: Ja, ja, I do sometimes [have other partners] but even with them I don't use the condom.... I only do this when my girlfriend is away. Because my girlfriend is often away at school, she doesn't go to school around here. I plan it such that whatever other girl I have will be away during the holidays when my girlfriend is back and in that way there won't be any problems.

I: And if your girlfriend were around the whole year ... What would you then do, would you still have other girlfriends even then, even if she were around the whole year?

P: Yes, I think I would, because you know it does happen sometimes that I might not see her for quite a while because her mother is around and, ja then, I think I would definitely have other girls because of that reason.

I: When you say you don't see her for quite a while, what kind of time are you referring to?

P: Well perhaps a week would pass without my seeing her, ja, because her mother is there and there is no chance for us to meet, ja, that's the main reason why I would have, otherwise if I were to see her everyday, I mean have a chance to be with her all the time, then I don't think I would need to have other girls.

I: So that's the only reason, the fact that you don't get her all the time?

P: Yes, I'm quite sure if I could get her all the time then I wouldn't have other women, I'm quite positive about that... I think I would be satisfied with seeing her perhaps twice a week, I mean what puts me off is that I will feel like being with her and then there won't be a chance to see her and perhaps a week will go by without having any chance to be with her, then this is what I do not like. What I find difficult to put up with. It would be nice to see her on a Wednesday and then again on a Saturday, you know. Not necessarily everyday but then for her to be available when I feel like spending time with her...

Researchers have found a high turnover of sexual partners amongst South African youth (Burgard, 2004; Kelly, 2000; Kelly & Parker, 2000; Parker et al., 2007). Parker et al. (2007) study has highlighted that having concurrent partners is a common practice amongst young people in South Africa. They argue that this pattern of sexual relationships is partly driven by emotional and economic benefits.

In this study, participant 10m 16-25 commented: *A man normally has one real girlfriend he loves, and the others to fool around with whenever he wants to have sex.* Although there were cases of young female subjects having multiple partners, it is more common for male youth. The same participant says:

with girls it's not really accepted, even other girls like call those girls with more than one boyfriend "Ho's". Whereas with us it's like if you have more than one girlfriend, you're a man. And like we boast about such things...

This is another expression of the have/hold discourse which Hollway (1984, p.232) argues has as its focus not sexuality directly, but the Christian ideals associated with monogamy, partnership and family life. The split between wife and mistress, virgin and whore, Mary and Eve, indicates how this and the male sex drive discourse coexist in constructing men's sexual practices.

Sexual activity thus establishes a masculine, virile identity for men. Women are constituted as monogamous and primarily invested in family and commitment, rather than as desiring subjects.

By illustrating how discourses are appropriated by the subjects in the activity, and how a collective *object* mediates the activity, this discussion of the *subject-object* relationship articulates the social-individual dialectic. It also illustrates how particular gendered identities are critical *outcomes* of the activity systems. However, if the *object* for female participants is a relationship, and that for males is sexual gratification and identity, there is a tension in sexual activity. This tension in the activity systems of the young male and female subject was evident in the male and female participants' accounts of their first sexual encounter.

In contrast to the male participants' accounts, many female participants, in both the second and the third phase of the activity system, expressed ambivalence about, and even fear of, sex. For participant 3f 49, the apprehension was related to the shift from intercrural to penetrative sex:

[Sex] was scary, that was what I was scared about...I didn't know how he was going to do it... I didn't know how he was going to act, towards this thing because there, this sexual intercourse [that I had had] was just playing around the legs. So I didn't know. Because I was only used to playing between the legs. So I didn't know whether it was going to be okay with him or not.

This apprehension was also evident in the accounts of the younger participants in this third phase of the activity system. Participant 6f 28 describes the dynamics:

We started playing, ne, and I was there, and we were sitting in the house, and we started playing and then he started to strip off his (unclear), and then I thought 'its going to happen'... we started playing, and then I saw his penis is erect, so I was really afraid (laughs), I was really afraid. He also wanted me to feel free, but, it didn't happen that time, because I was really afraid of what was going to happen. And then he entered me.

Participant 7f 19 laughs and says:

I was scared because this was the time now we were meant to go to sleep. Because we arrived there at a certain time and we talked and talked, but now it was time to go to sleep, and I was scared because I didn't know how it was going to go, because it was my first time...he had [had experience before].

After their first sexual experience, many of the female participants were reluctant to engage in sex again. However, they are caught in the desire to have, and retain, a relationship. For participant 12f 35 there is a clear tension between being in love and in a relationship with her partner, and having to engage in the sexual act.

P: Well, I stayed for about a week without going to sleep with him because I was a little bit afraid of him, I was a little bit scared of going with him, I was afraid of him.

...

P: Well, it was all very strange in the beginning, because although I loved him, I was also afraid of him. I couldn't even sit and chat with him, ja, I was quite scared and also loving him at the same time, it was all very strange and mixed up...

....

P: Well I was scared, really scared more than anything else, but I went and I ultimately got used to him but it took some time, it took a long time.

Many of the female participants' accounts contained a similar dynamic. Participant 6f 28 continued to engage in painful sex because of her love for her partner:

I: And if you had said, if you had said no...what might have happened?

P: I don't know really, I'm not quite sure, because when I said 'no, its really painful', he said 'oh no, its not going to be painful now'...I have to...he just wanted me to have sex again, and not... he didn't want to let me (not), because he said 'I love you', and I also believed his story, that's why.

Some of the female participants' accounts of the first interaction reveal that it was extremely difficult, and at times painful. None of these participants spoke of leaving the interaction, but seem to stoically engage in sexual activity. Participant 6f 28 laughs and says that the first time:

was really hard. It was hard. I had to.... I had to tolerate even the pain and whatever. It was really hard this time. ...I think it took me a week (to have sex again), because...I...it was very painful, it was painful.

Many of the accounts reference being begged, cajoled, and eventually giving in to the desires of their male partners. One of the younger participants 4f 15, who was in a relationship with a 19 year old man, says: *Yes it was my first time and I was scared ... I didn't want to do it again... and then he sort of begged me, and then we did it again.* Participant 8f 21 says:

Well the first time it happened, he wanted me to sleep with him, he was begging and cajoling and ya, I ultimately gave in. This is not to say that I didn't want to, I was curious, I'd heard a lot about sex and stuff so I also wanted to find out for myself how it was.

These seem to be examples of the participants adopting the discourse of yielding and submitting to the male sex drive (Hollway, 1984). This is expressed in the last line of participant 13f 36-45's account that *boys can be so demanding*. She refers to her debut sex as an 'ordeal' and says she was not ready for it:

I: Let's talk about your first time you slept with someone. Were you ready for this?

P: No I wasn't. It was very difficult and so it was very painful.... He got on top of me and penetrated me. I could feel myself tearing. When I woke up the following morning I told myself I would not go back to his house again for the whole ordeal.

...

I: How did your boyfriend introduce the topic of you sleeping together?

P: He said nothing and just undressed me, and he then had sex with me.

I: You talk as if you were not for this idea?

P: You can say that. The whole time I was just wondering what he was doing on top of me.

I: You said you vowed never to go to his house again, was that the case?

P: No, I couldn't do otherwise for you know boys can be so demanding.

This pattern of yielding and submitting was common across the three phases of the activity system. Participant 17f 55+ comments that her first sexual experience

wasn't long after we dated. It was maybe a month or less... it wasn't something I wanted to do, but my boyfriend persuaded me and I subsequently gave in. Before I used to run away and tell him stories why I would not make our date.

It seems that for many of the participants there is a tension in the interaction between the male partners' eagerness and desire to engage in sex, and the female partners' readiness to engage in sex. This difference might have been because some of the research participants were fairly young when they first engaged in sex (Participant 7f 19 was 13 when she had her first sexual experience). It might also be due to large differences in the ages of the participants (participant 4f was 15 and her partner 4m was 19), which was also evident in Kelly's (2000; Kelly & Parker, 2000) survey of the site in 1999. In addition to this, male subjects of the activity system also seemed to have had more sexual experience than their female partners. Participant 10m 16-25 acknowledges that his partner might not have wanted to engaged in sex, but he "was ready"

I: Do you think the girl was ready to have sex?

P: I'm not sure but it's possible she wasn't but maybe because I wanted to have sex she just gave in and it's also possible that maybe she knew nothing about it.

I: For you, were you ready or were you just doing because others were doing it?

P: I was ready

Whether or not there are different degrees of readiness on the part of the subjects in the activity, there is a tension between what the male and female partners desire. Some of the male participants seemed eager to convince the interviewers, and themselves, that their female partner was ready and willing. Participant 3m 51 argues that his partner was willing because she agreed to the proposal and had come to the rendezvous:

Yes, the fact that she's come, means that she is ready, she knows that this is going to be done. But because it's the first time, she would draw back and then be scared, because she doesn't know exactly how you do it and whatever, because it's the first time that you do it together.

The response of female partners in these interactions seems to contradict this image of mutual desire. Participant 4m 19 says of his partner: *Yes she did groan a bit first, but eventually she did, and it was very hard to get it started with her.*

One of the younger male participants (11m 23) who initially says that it was "mutual" then says that the girl would sometimes cry. He ascribes his partner's reluctance to lack of knowledge and seemed to expect them to just "get used to it over time"

I: Was it the case with the girls too? Did they want to go all the way too?

P: Yes, yes, we both wanted to do it. There was no question of anyone forcing another person. It was per mutual agreement. Ah what I'm trying to say is as soon as we were just too young to actually understand I would say what we were doing but we wanted to do it anyway. We knew it was the thing to do and we were for it, both of us. We would just ask them to take off their clothes, they went along, I mean they had no problem. We would want to go all the way

and we would actually go all the way and they also had no problem with this. They would let us go all the way. We never had to force the girl but sometimes it would happen that she would cry, I mean it would be painful for her and then she would cry, then you would let her go because we didn't want other people discovering what we were doing. We would then let her go if she cried.

I: It strikes me as somewhat of a contradiction that they would want to do it but then when it happened they would cry. What do you think made them agree to have sex with you?

P: Well I would say they wanted to but at the same time they didn't understand what the whole thing entailed. So what actually happened was that one would agree to have sex but then they didn't know what to expect and when it came to, you know, experiencing the real thing, it would prove to be painful and then they would end up crying.

I: So you think it's a question of them being ill-informed about what they are about to enter into?

P: Yes I would say so. No one told them what to expect. They would then find out for themselves, you know, and by then it would be too late for them to, to undo the decision they had taken so, ja it's a question of not knowing, I would say, what it is they are letting themselves into. Not that they had to be forced into making the decision.

In discussing an on-going relationship, and, even after admitting that he desired sex more than his partner, participant 11m 23 sees his partner's resistance to his overtures as a 'test' of his feelings for her, not as a reluctance to engage in sex. This participant seems to have recruited the male sex drive discourse to support his position (*they are not as interested in sex as we are*). The following interaction between him and the interviewer illustrates how he perceives his female partner as actively taking up the object position in this discourse, *wanting him all along*:

I: So you say that the desire is mutual, like each one wants to be with the other? You both want to sleep with each other. It's not a question of the guy wanting it more than the girl?

P: Well, I wouldn't say so. In fact what happens is that most of the time it's the man who is more interested. Not that they are not, they are, but they are not as interested in sex as we are.. as we men are.

...

P: Yeah, it does happen because sometimes you'll find that she's not exactly for the whole thing, she's not in the mood I'd say, but then once you plead and cajole then, ja, you can turn her around and she'll eventually agree to have sex with you.

I: Then when this happens, when you had to beg her into, talk her into I'd say, talk her into having sex with you, do you find that things are the same? Is it the same, talking her into it, and her being all out for it?

P: No, I think when she eventually agrees to, when she comes around then she's sort of told herself that this is what is going to happen so it's the same really. And sometimes you'd find that even when she's come with you to your place, she might not want to sleep with you, in fact have sex with you and I take it that she wants to see what you'd do about the whole thing. She just wants to see how much you want her, how much you desire her. It's a test really. She'll do all those things but eventually she'll tell you that she wants you. And it's at these moments that I will ask myself "how come she had, you know, sort of been difficult in the beginning?" But in the end you realise that she wanted you all along.

These accounts suggest that the motive for engaging in sex is different for the male and the female *subject*, and therefore the *objects* of the two activity systems would then be in tension with one another. Figure 19 below illustrates the tension between the object of the activity system of the young male subject, and that of the young female subject.

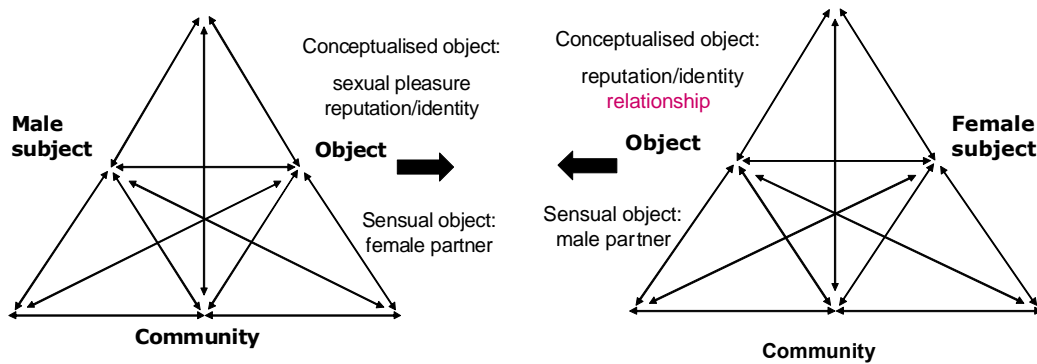


Figure 19. The object of the activity system of the male and the female subject

This difference in the *object* of the activity for male and female partners is driven by, and resolved through, the dynamics in the *division of labour* of the activity system.

5.2 Division of labour

The *division of labour* in the activity system refers to both the horizontal division of roles and responsibilities between the participants in the activity, and to the vertical divisions of power and status. The horizontal division of labour encompasses who does what in the sexual activity. This includes setting up the relationship in which the activity occurs, and roles and responsibilities within the activity itself. The vertical dimension of the division of labour reflects the age, gender and power dynamics between participants in the activity.

5.2.1 Horizontal dimension: Roles and responsibilities

In the second phase of the activity system of sexual activity, there are particular dynamics in the interaction between men and women in this research context. These norms of relating

affect the way in which the sexual interaction takes place and establishes the pattern for negotiation and decision-making in sex in the third phase of the activity system.

Historically, making the proposal to embark on a relationship seems to be the responsibility (and the prerogative) of the male partner. For example, in the second phase of the activity system, participant 12f 36 says: *He told me that he loves me and asked whether we could get into love together, and well I agreed, and that is how it started.* This is a strong convention, with some participants saying that it is *obvious* that it *has to be the man*, and laughing at the idea that women would be the initiator. This is illustrated in one of the couple interviews (1m 42 1f 27)²¹:

I: Who spoke to whom first?

M: Now, me, it's obvious!!!

(Everyone laughs)

I: why is it obvious?

M: I think er, its usually the man who usually proposes to a women, its part of our culture

I: Would you ever have asked him, or is it always him?

F: (laughs) It has to be the man.

In the second phase of the activity system, the male role of initiator of the relationship is maintained into the sexual act itself. An older female participant (5f 53), the wife of the oldest male participant (5m 71), comments that the woman is the *visitor* and does not *have the right* to initiate sex, and her partner is in agreement:

I: When that happened, who initiates, who starts it?

F: (laughs)

M/T: I have to initiate

I: Why is it the man?

F/T: Its because you are a visitor here, you only came to the man, so he has to lead the whole thing. You don't have the strength (power) to start.

I: In sexual interaction, is it always the man? Do women ever want to start?

F/T: I've never heard that a woman would start.

I: What do you mean that the man, you don't have the strength ..?

F/T: The person who would have rights to do this would be the male. As a female you don't have rights to start.

I: And do you agree with it?

M/T: Yes, I agree with it.

²¹ In age terms this couple spans both the second and the third phase of the activity system. There is a 15 year age difference between them.

The focus group of older women (FG1 older women) argued that it is *the man's job* to initiate the request for sex:

I: How does sex start?

P: A man has to start

P: It is usually a man that starts

P: I would not start

P: It is disrespectful for a woman to do it

P: I do it, it does happen some time

P: Its true, the women would let the man know that they are ready. But it is the man's job. They must do it.

Participants 1m 42 and 1f 27 also comment on this:

I: who normally starts to ask for sex?

M: (laughs) ... It is...especially the seniors....Ja

T: It has to be the man

M: Ja, ja...No, usually...it is that..

I: (to the female) So you never ask?

M: No

(All laugh loudly)

F: No

M: She is very shy about it

Some of the male participants reacted with indignation to, and suspicion of, the idea of women initiating sex. Participant 2m 44 says: *I would take it very wrong, I would leave her. ... I would think that there is something wrong. Perhaps she has got a disease that she wants to give to me.*

Participants in the FG1 older women also argued that there is something inappropriate and disrespectful, about requesting sex. Female partners are expected to be more subtle in making their desires known. They commented: *We have actions to let the men know that we want it. Like scratching him, and moving our bodies closer.* Henriques et al. (1984) argue that in contrast to the male sex drive discourse, women are denied desire, and sexual pleasure in women is seen as perverse. Women's desires and pleasures are necessarily channelled into romance and relationships.

The gendered roles in initiating sex continue into the third and current phase of the activity system. One of the younger participants (4f 15) says that she would not initiate sex because *No, there is no such thing that a girl would start it.* Another one of the younger research

participants (8f 21) did not think it was possible to act differently: *No, it just doesn't happen that way, it's never happened that way, he's always the one who wants to have sex and I'm used to it happening that way*

The gendered and unequal dynamics are not necessarily as extreme as in the past with some girls proposing to boys (participant 10m 16-25). However, the convention is for men to initiate relationships and also to initiate sex.

The participants' accounts of the sexual interaction also illustrate a game of 'approach-avoidance' with clearly defined gendered roles. As illustrated in the extracts on red blankets and bull-fighting (see p. 132), men approach and initiate sexual context, whilst women initially have to avoid, and resist the proposal. Participant 16f 55 says: *Well what normally happened was that the boy would keep following you, and you would keep retreating. But I wouldn't say that the boy actually asked you not to retreat he would just keep on following.*

The roles in this approach-avoidance game are also evident in the female participants' references to not 'facing' their partners. Participant 3f 49 was informed by her friends about what role she should play in the sexual interaction:

So I was told to drag the things, and not do it as quickly as he asked you to. By the older girls...so I delayed the process of laying there like a....But eventually I did. And then he told me to come and sleep with him. I also delayed that, the whole process of sleeping with him. But eventually I came and slept on the blanket... I faced the other way around, the other side, as I was told by the bigger girls that this is how you have to do it, you don't face to him.

This role was also evident in the young participants' accounts. Participant 7f 19 says: *I was facing on that side of the bed, facing to the wall, and not to him.* The generative mechanisms of these dynamics are rooted in the gender-differentiated discourses to which the partners subscribe.

5.2.2 The effect of the injectable contraceptive on the division of labour

The introduction of injectable contraceptives, as a *mediating artefact*, has also had a significant effect on the *division of labour* component of the system. Literature on fertility and family planning in South Africa outlines the gendered responsibilities for fertility regulation and contraceptive use. The injectable contraceptive also does not require the consent or co-operation of a woman's partner and is to some extent 'invisible'. However, its 'invisibility' is

a double-edged sword. Although it gives women greater power over their reproductive capacity and sexual health, it also situates the responsibility for contraception firmly in their hands. Men might initiate, dominate, and control sexual interactions and decisions, but the responsibility for contraceptive use is usually borne by the woman (Chimere Dan, 1996; Greene & Biddlecom, 2000; Gupta, Weiss & Mane, 1996; Kaufman, 2000; Reddy, Meyer-Weitz, Van den Borne & Kok, 2000; Shefer & Foster, 2001). In addition to this Maharaj (2001) argues that family planning programmes place such emphasis on female-controlled methods, and assume that women should be the focus of reproductive health programmes, that this discourages shared responsibility for preventing pregnancy. Male partners have come to assume that women will take responsibility for avoiding pregnancy, and therefore the responsibility for contraception lies with women (Kaufman, 2000). This is evident in the data of this study.

In the first phase of the activity system responsibility for the risk of pregnancy was taken on jointly by both partners in the interaction. This was also evident amongst some of the participants in the second phase of the activity system. Participant 18m 56 says they were *'understanding'* of the position of girls: *'we were afraid to do the wrong thing... we were sympathetic to their cause'*. However, in the later stages of the second phase of the activity system, and in the third phase of the activity system, this has changed. The introduction of injectable contraceptives seems to have shifted the management of the risk of pregnancy to the female partner. Participant 15m 36-45 says: *Before sleeping with her, sometimes you'd ask whether she's on contraceptives or not.* Participant 14m 43 says: *but you would sort of talk to your partner and advise her, [that] she should use an injectable contraceptive, because you would both be aware of the risks of, you know, getting her pregnant and the implications.* This is evident in other South African studies. Young male participants in Mfonoø (1998) study argued that it was the responsibility of girls to seek "protection". Maharajø (2001) male participants felt that the responsibility for obtaining contraceptive supplies belongs to the wife or female partner.

As discussed above, in the second and third phase of the activity system of sexual activity, from as young as 14 young females go to the local clinic and begin a programme of injectable contraception once they begin menstruating and, or, when they become sexually active. This happens on the directive of their mothers, or on their own initiative. In this third phase of the activity system the responsibility for dealing with the risk of pregnancy has shifted onto

women ó young girls and their mothers. Men and male youth are aware of the need to manage the risk, but they are only peripherally interested and involved in this responsibility. The new mediational means thus establishes the norms in the *division of labour* for the management of risk and sexual health.

5.3 Vertical dimension: power and status

The vertical dimension of the division of labour focuses on dynamics of power and difference in status between the actors in the activity system. What this section reveals is that the ÷yielding and submittingø at work in the have/hold discourse (in response to the male sex drive discourse) is not always voluntary on the part of the female partner in sexual activity. This is particularly evident in the dynamics between partners in the second phase of the activity system. Participant 5f 53ø account illustrates how female desire has few avenues for expression, and how respect for men drives the ÷yield and submitø response of women.

I: Would there ever be a situation where one person would want to have sex and the other wouldn't?

F/T: Yes, there are some times like this.

I: What would happen then?

F/T: Yes, if it was from my side as a woman, perhaps I was interested and he is not, then I wouldn't have a way of saying it, so I would give up the interest. Unlike him, if he wanted to, and said that, but because I am a female I would have to give in at some stage...

I: Would he use his physical strength to make sure it happened?

F/T: No, he didn't have to use physical strength, because he's a man and you are respecting him, you would give in eventually.

This participantø partner was almost double her age (18) when he proposed to her. She expresses her uncertainty about engaging in sex and also the dilemma she is in: she cannot be *rude* and not do what had been ÷agreedø upon by her initially accepting the proposal, and so she eventually yields to his desires:

Although I couldn't be rude in terms of opposing his proposal, but I had to, sort of let him know that I am not ready for this, I cannot do this. And I kept on doing that, but he was very much enthusiastic and he kept on coming, until I gave in to that.

Hollway (1984, p. 241) argues that the practices of gender-differentiated discourses ÷re-produce certain sexual and couple practices, and re-produce both gender differences and the inequality of womenø position in the dominant discourses concerning sexualityö. In both the second and the third phases of the activity system there was a significant difference in power

between male and female partners in the sexual activity. Male subjects in the activity system do not accept their female partner's reluctance and ambivalence. In many of the interactions the male partner would persuade or cajole the female partner, continuing to 'push for' their object, in the face of their partner's reluctance. Participant 12f 35 comments on this:

P: ... I was very scared and I got more scared after the first time, it was all very scary and ooohhh.... I found the whole thing painful it was not a very good experience; I don't know how I got used to it even now.

...

I: Do you think he was aware about the way you felt about the whole thing?

P: Yes, of course he knew but he kept on pushing for it, it didn't matter to him that I didn't like it, he wanted it so he kept pushing for it.

In some cases this lead to coercion. Participant 1f 27 says she really did not want to have sex, but her partner eventually 'persuaded' her:

F: ...I didn't really want to do it, I was scared, and I didn't really want to do it, and he persuaded me, touching me all over, then when I really gave in, until he sort of tried to pers....force me, and eventually I gave in

I: Did you give in because you wanted to, or because he was stronger?

F: (laughs) I gave in because... We didn't know each other, it was the first time we....

Participant 2f 36 says: *I was scared at first and didn't want to give in to him because I didn't want to do it, I didn't know what is going to happen. But eventually, he sort of kind of forced me into it. Then I did it.*

Participant 3f 49 says:

I: What happens if you, if one person doesn't want sex, but one person does?

T/F: (laughs) ... (silent) ... You are forced to, although you don't want to, and then well, ja, in my case, you are just dead. So he would do on his own, and he would know that I'm not there, until he gives up.

In a separate interview, her husband (3m 51) says:

I: Do you think that [forcing] happens with a lot of men?

M/T: Yes, a lot of men do it. Because they are stronger than women, they will beat them. Yes, but with us especially when you are not as experienced in making love, one really forced her and then she gave herself to you, but you would feel that she is dead, she is not really living, you are doing it with a corpse, because she is not responding to you and so you can feel the big difference. Yes they do, they continue, and if one gets arrested because of that, that is called rape.

In the second phase of the activity system there were several references to male partners using physical force in sexual interactions. Participant 16f 55 says: *it would happen that when you refused the boy would beat you up.* Participant 17f 55+ says:

...Sometimes other boys, when they notice that a girl is afraid they'll give her time to get acquainted to the idea. But there will come a time when he feels you're playing him,

especially if you run away from him. When he gets tired of this then you'll get a hiding or maybe he will persuade you until you give in.

Participant 12f 35 describes her very negative feelings about sex and the interviewer then asks her whether she could discuss this with her partner and request suspending sexual activity.

She says:

Well we used to fight a lot, sometimes I would just refuse to go and we would fight over that, umm... sometimes it would be good because it gave me a chance to storm off and go back home, but then he would sometimes beat me and force me to go with him.

In the third phase of the activity system, although there are fewer references to physical coercion, some of these dynamics have continued. Amongst the young male and female subjects there is a definite sense that the male partner is in control of when sex happens and what it involves. Participant 9f 18 explains that when she was 17, her boyfriend:

didn't come up front and say to me that 'Okay I want us to have sex today', he tricked me. He asked me to accompany him somewhere and once we'd got there he said 'How about we go to my house?'. And I sort of didn't resist, and on our way he sort of told me what was going to happen. And I was so scared and I just like agreed to the whole thing.

If a male partner decides that his female partner is *ready*, a distinct difference in power exists. The same participant (9f 18) says, *I wasn't ready to have sex but my boyfriend saw that I was ready, and persuaded me until I consented. And also I didn't even know half of the things that he did to me that night (laughs).*

In this third phase of the activity system the control of the activity is distinctly gendered. Power within the activity resides with the male partner and his desires dominate. The dynamics in the *division of labour* (who assumes responsibility for what, and who has power in the interaction) thus have an impact on the way in which sex happens and the potential for negotiation in the sexual act.

The tension between the *object* of the activity system for the male and for the female subject, and these dynamics in the *division of labour*, have important consequences for the practice of sexual activity, particularly in this third phase of the activity system, because the activity system is mediated by a new, and significantly problematic, *outcome* of sexual activity, HIV infection.

6 HIV in the activity system of sexual activity

The key issue in this section of the analysis is how do HIV and AIDS exist in the activity system of the subjects? To what extent are HIV and AIDS conceptualised as part of the *outcome* of sexual activity? These questions are addressed through examining the awareness and knowledge of the participants about HIV and AIDS, and their response to HIV and AIDS.

6.1 Awareness and knowledge of HIV and AIDS

At the time of this research (2000-2002) there were not many visible cases of AIDS in the area and the participants had had limited exposure to people with HIV and AIDS. Many of the participants said that they personally had not experienced anyone with HIV and AIDS. The FG3 of young males 16-25 said: *We haven't heard of anyone with AIDS around Amathole Basin*. Whether or not HIV and AIDS were present, the assumption was that they were not. The perception of the absence of HIV and AIDS, and the participants' limited exposure to HIV and AIDS, is significant because it affects the image that the subject in the activity system has of their own vulnerability to infection. This in turn affects the way in which they engage in sexual activity.

Some participants have heard of people with HIV, and deaths from AIDS, but these were people in other villages or towns. This gathering of those infected by HIV was even clearer in the young participants' discussions about interacting with HIV positive people. Discussion about HIV and AIDS amongst peers focused on how to identify, and then avoid, those who were HIV positive, revealing a stigmatisation of, and prejudice towards, those with HIV and AIDS. The young boy participants in FG5 (10-14) commented: *We do discuss AIDS, like when one wants a girl and then one can be told that he should keep away from that girl because she has AIDS*. Participants in FG3 (young men 16-25) made comments such as: *It should be compulsory for everyone to go for testing and those who are HIV positive should be known to the public;* *I think there should be a treatment day for AIDS victims so that they would be known to everyone by attending that treatment, because numbers are growing rapidly because no one knows who has and who hasn't. They must be known;* *I mean there should be a sign showing who has AIDS.*

The youngest male participants (FG5 10-14) linked the spread of the disease to aberrant sexual practices, not the ordinary practices of youth:

People with AIDS like to rape others... people with AIDS do not discriminate, they will rape anyone whether one has AIDS or not. They will just rape you. This is done because the person wants to spread the disease. He wants other people to have it too.

This prejudice towards, and discrimination of, those with HIV also affects people's response to the risk of the disease.

Significantly, both male and female young participants evidenced a thorough understanding of HIV and AIDS transmission, symptoms and prevention. There seems to be a clear understanding across all age groups and both genders that HIV is transmitted through unprotected sexual activity. Participant 11m 23 said: *I know that it is a disease that is transmitted through sexual contact.* The young boys 10-14 in FG5 said: *You shouldn't sleep with another person because you'll get AIDS from sleeping with someone who already has it.* There also seemed to be an awareness that having multiple partners increases the risk of infection, and that using a condom during sex is the way to prevent transmission of the virus. Participant 4f 15 said: *If one is getting AIDS it is usually because you have slept with those people without using condoms, then you get AIDS.*

At the time of data collection in this research process testing for HIV and AIDS did not have the public profile that it has now and voluntary counselling and testing (VCT) for HIV was not commonly available. Some of the participants in the young men and women focus groups seem to be aware of the idea of testing and some could identify sites for testing. There were few direct references to VCT. One was from participant 9f 18 whose aunt is a nurse: *And fortunately our aunt takes us for check ups regularly and so I was able to know that I was still on the clear. And so since then I've been using condoms regularly.* Only one other participant (6f 28) spoke about proactively being tested, and this was not through the local clinic.

At the time of this study there were not many places in the Amathole Basin where one could go for testing. The clinic offered testing, but results took a long time to return. There was also a lot of public scrutiny at the clinic and confidentiality was not guaranteed. On a subsequent visit to the research context in 2007 several of the residents in the research context, and at least one of the research participants, had gone for testing. There have been significant shifts in public awareness about VCT and an improvement in the provision of VCT services, and medication (ARVs) for the treatment of HIV and AIDS, since this study was conducted. How these factors have mediated sexual activity would be interesting to explore in a future study.

However, the key question at this point is how the subjects of this activity system responded to the risk of HIV and AIDS in the activity system.

6.2 Response to HIV and AIDS

Within the male and female young participants' focus groups there was some discussion about behaviour change in response to the risk of HIV. A participant in FG2 young women 16-25 said: *I've changed because I'm scared of AIDS, it kills*. Participants in FG3 young men 16-25 said: *I can say I've changed in the sense that even if I fall in love with someone, I get worried of existence of this disease, that's how I've changed and I'm careful around AIDS*. However, these responses did not elaborate on the specific changes made. These comments were also contradicted by a disconcerting bravado in relation to the risk of HIV which was dominant in the discussion with the younger research participants. For example, participants in FG2 young females 16-25 commented: *We, youth still like (boys); None have stopped sex because of hearing about AIDS; We cannot help but continue practising sex, it was here before we were born, how can we stop?*

For the male and female subjects of the third and current phase of the activity system, the barrier contraceptive device of the condom is available as a *tool* to mediate the activity. Condom use is particularly important in the context of HIV because other than abstinence, there is no other *tool* which prevents the transmission of HIV.

There are two forms of condoms (male and female), and both are effective as barrier methods for HIV prevention. Partly for cost reasons, the focus has been on the promotion of the male condom. In the 1990s and early 2000s condom promotion was mainly accomplished through mass media campaigns, free distribution of condoms, and promotion of condom use by health services. During this period the promotion of condom use in South Africa had limited success (Reddy et al., 2000). Studies in the 1990s and early part of 2000s noted high levels of knowledge amongst South African men and women, and youth, about condoms being the only form of protection against HIV infection (Maharaj, 2001). In Maharaj's (2001) study most men said that condoms could be used to protect against HIV infection. However, these studies also indicated a low level of contraceptive use. In Chimere-Dan's (1996) study in the former homeland of the Transkei condoms were relatively well known, but condom use was negligible.

The male and female youth participants in this study seemed to be aware that condom use prevents the transmission of HIV. However, condom use amongst young people in this context was not a norm as illustrated in this comment from participant 11m 23:

No, I've never, in fact, most of us have never used a condom, not ever....I think even among my peers it's quite common that a condom is not used... Ja, we've never tried it, in fact I have never and most of my friends haven't ever tried it. In fact among my peers I've never heard anyone saying they've ever used a condom. No, we just don't use it, we've never tried it.

For some of the participants condoms were not conceived of as a resource. Participant 4f 15 comments: *Yes I think it would protect me from getting AIDS, but I never thought of using it.*

Availability of condoms in the research context has been a problem. At the time of this study condoms were available from the local clinic situated in the central village, but between 5 and 15 km from any of the other villages. The condoms were initially placed in a box freely accessible to anyone after clinic hours. However, after a severe storm in the area the box was placed inside the clinic, restricting access to condoms to times when the clinic was open (between 9 am and 3 pm on weekdays only). The local high school (attended by most of the younger research participants) was about 700m from the clinic. However research participants mentioned that the clinic staff often closed the clinics during school breaks, making it impossible for them to access condoms. The clinic was generally very poorly managed and staff were unwilling to be available to youth. Some of the participants mentioned that they would not easily go to the clinic to ask for condoms. Asking for a condom means acknowledging being sexually active to someone in the public health service, who is older than you, and who probably knows you and your family. Participant 14f 15 says *but I would be scared of getting there for a condom... They would say this child, is she already using condoms!*

Ironically this is in sharp contrast to the way in which parents and clinic staff respond to young girls using injectable contraceptives. Wood, Maepa and Jewkes(1997) study found health service providers judgemental of adolescent women, assuming that their role was to discourage sexual activity and provide moral guidance. Condoms are stigmatising in a way that contraception is not. Asking for a condom means that one intends to engage in sexual activity; it links you directly to a stigmatised behaviour, whereas enlisting in an injectable contraceptive programme (and being directed to by your mother), is a medicalized intervention indirectly related to the possibility, rather than the fact, of sex activity. The

concern with obtaining injectable contraceptives also seems to indicate that the risk of pregnancy as an *outcome* of sexual activity was also more of a concern than HIV. Parker et al. (2007) also comment on the focus amongst youth on the prevention of pregnancy, rather than prevention of STI transmission. Vargaø (1999) research suggests that adolescents think about contraception, and HIV prevention, as separate issues.

However, despite accessibility and availability issues, there seemed to be a distinct rejection of condoms by youth, with both male and female research participants saying that their partners would resist using a condom. A male participant in FG3 young men 16-25 says: *Even if you want to use it, girls would say 'No, what if it slips into my vagina?* Many participants seemed to resist condom use because they disliked (or imagine that they would dislike) the way in which it alters the experience of sex:

No, (laughs) its funny, its not the same as if one is not wearing it. 7f 19
It does not feel good, I've once used it. FG3 young men 16-25

Well, I'm also of the opinion that you know things wouldn't be the same. It won't be the same. The condom will be there as a barrier, ja and things will be somewhat different. It won't be the same experience. 11m 23

We don't like using it. FG2 young women 16-25

People in the community hate them. FG3 young men 16-25

[People don't use them] ...saying they can't eat a sweet with its cover. FG2 young women 16-25

A participant in FG2 young women 16-25 says: *Things are still done same way as before AIDS came, people don't want to use condoms still.*

6.3 The dilemmas of condom use

As argued above, the activity of sex is intrinsically related to the production of identity. Condom use in this framework does not enhance the reputation of either the male, or the female subject, rather, it is stigmatising to one's identity. Condom use is therefore fraught with ambivalence and dilemmas.

Although there is a general rejection of condom use, female partners seemed to be more likely to request the use of a condom. This request was usually rejected by the male partner.

Participant 4f 15 says she would use a condom: *if (my boyfriend) would agree that we use condoms then we could use them...* As one of the youngest research participants involved with a partner four years her senior, it is difficult for her to insist on condom use. Many interactions illustrate similar gender dynamics in which the male partner's attitude is the main obstacle to condom use, and the female partners have no option but to acquiesce. Participant 6f 28 comments on this:

T: Have you never suggested that you use one (a condom)?

F: No!

I: Why not, why have you not suggested it?

F: He said he didn't want it, he wouldn't use it.

I: Do you want to use it?

F: Yes, I want to, but I can't.

This is partly because of the dynamics in the division of labour where the male partner is more powerful in the process, controlling the interaction through proposing relationships and initiating sex. Their desires also seem to dominate in the sexual interaction and there are elements of coercion in the sexual activity. The unequal gender dynamics in the activity obviously have implications for the subject's abilities to negotiate about risky sexual practices and condom use. However, there is also a fundamental ambivalence in the female participants' desire to use a condom.

Being in love, in a relationship, and being faithful, is definitive of the have/hold discourse. Using, or requesting a condom, signifies not being faithful and therefore condom use compromises the very heart of what the female subject desires, viz. being loved and having a relationship. This is evident in participant 9f 18's account: *I had a condom with me there but my boyfriend refused to use it and just because I love him, I just agreed.* Male partners frequently counter the request to use a condom by casting aspersions on their partner's fidelity. Participant 6f 28 says: *If I say that I don't want sex without a condom, he says 'No you are lying, you have had some affair somewhere else, so that is why you... you want me to use the condom'* This creates very difficult dilemmas for participants who know that their partners are not faithful. This participant has since died as a result of AIDS.

On the other hand, for the male subject, the masculine narrative around sex is about reputation, masculinity, virility and conquest. Doing sex is about producing yourself, as an adult, as a person, and condom use negates this identity. It suggests (particularly for the male subject), that you are not a man because it negates your virility. The young male participants

in the research were most vocal about this. A participant in FG3 young men 16-25 said:

Throwing your semen in the toilet might be throwing a child that would be helpful to you - maybe a future teacher. Participant 11m 23 said:

Most of us regard it as a waste in that you know you will have sex and you will ejaculate but it's like you're throwing your babies away because they end up in that sack like thing and you eventually have to throw it away, so what is the point? It's such a waste.

The notion of *being faithful* was used by the participants as a strategy to resist condom use.

In a contradiction in terms, keeping one's *virile* identity intact meant arguing to one's partner that you had restricted your sexual partners, and therefore condom use was not necessary. Participant 8f 21 says of her partner:

He won't have anything to do with them. He keeps telling me that he won't use a condom because he doesn't have anyone else; that there's no need for us to use condoms if we're faithful to each other. He insists that only a promiscuous person, a womaniser, should use a condom and since he's not one, then there's no need for him to use a condom.

Participant 4f 15 says: *Yes we spoke about it and I suggested that he uses it and he said no, he cannot use a condom as if he has more than one girlfriend, because its only me in terms of using it.*

The male participants also recruited the standard of a monogamous and faithful woman to argue against the need for condom use. Participant 4m 19 assumes that his female partner is less sexually experienced and definitely monogamous, and therefore it was not necessary to use a condom during sex with this partner:

I: What about using a condom?

M: I haven't used it yet.

I: Why?

M: I would only consider using it if I were to get another girl from another place, that I wouldn't be sure how she is behaving there, and how many boyfriends she's had. And then I would have to use a condom, only then.

I: Why not now?

M: I am the only boyfriend that she has been with.

I: You have been with two other people, or more?

M: I haven't had any other, except for before I met her, then I had those two.

I: And you don't think that you might have got something from the other two?

M: No

I: What makes you so sure?

M: Because they were their first time with me.

Requesting a condom also links one with the possibility of being HIV positive, and would be avoided in a context where this is stigmatized. A participant in FG2 young women 16-25

says: *...and if perhaps you bring it (a condom), he would ask 'why all of a sudden?', as if I heard something about him or there is a certain disease I suspect him of.*

The young male and female participants in this study seemed to resist condom use at all cost, arguing that restricting their number of partners was sufficient protection against the risk of HIV infection. Participant 4m 19 says: *I know that AIDS can get to anyone, but I don't really have fears of getting AIDS...Because I only have a steady partner, and I am also faithful to her.* A participant in FG2 young women 16-25 says: *I used to have 3 or more boyfriends but since knowing about AIDS I decided to have one.* A participant in FG3 (young men 16-25) says that in response to HIV and AIDS: *I've changed in the sense that I told my girlfriend that she's the only one I have, so, she must stay faithful to me as I've told myself to stick to one partner because of this AIDS.*

Participant 4f 15 says: *Yes, it (HIV/AIDS) has made me to decide to have only one partner, not more than that. Just stick to one partner because I know I would get it if I would get into more partners at the same time.* Given the emphasis in the context on multiple partners, whether these participants actually had only one partner, is questionable. However, these defensive arguments enable the male and female subjects to maintain the male sex drive discourse and the have/hold discourse.

In this chapter, the contextualisation of sexual activity through the analysis of the third phase of the activity system revealed shifts in the norms governing sexual activity; a significant shift to contemporary peer culture as the primary reference group for the participants; a significant decrease in the concern about pregnancy as a negative outcome of the activity primarily because of the availability of the injectable contraceptive as a mediator of sexual activity; and, a shift from parents as regulators of sexual activity, to regulators of contraceptive use.

A more detailed analysis of sexual interaction as the focal point of the activity system has made the dialectical relationship between the *subject* and the *object* apparent. Theoretically, it was argued that it is in socially organised practical activity that human consciousness emerges. This activity system analysis makes visible the way in which the *self* is constituted in the practical activity of sex. Through articulating the relationship between *subject* and *object*, it revealed how the *subject* creates the *object*, and how in this process of activity, the *subject* is also constituted. Within, and through, the gender-differentiated discourses

concerning sexuality, gender identity is re-produced. Discursive practices such as use of the have-hold, and the male sex drive discourse, produce the relations of desire. Through the activity of sex, and using these socially constituted discourses, the individual constitutes a particular set of societal relations in which men and women relate to each other in a particular way. Illustrating the dialectical relationship between the individual and context, these relations of desire then enter into the practice, and the regulation, of interpersonal relations and the productions of positions (Henriques et al., 1984).

Understanding the significance of this *outcome* of personhood, and the way in which the collective activity is driven by gender-differentiated discourses, is crucial for understanding practices in relation to the risk of HIV infection.

Chapter 7 Discussion

Well I'll be honest with you. I know about AIDS. I'm aware that it's a disease that kills. But so far I have never used a condom and I think even among my peers it's quite common that a condom is not used because we do sit and talk about these things. We know AIDS is there but you know we haven't used condoms no, I'll be honest with you. 11m 23

The position expressed here by a young male participant in the study captures the essence of the problem of behaviour change in the field of HIV and AIDS. Despite knowledge, awareness and experience of HIV and AIDS, participants still do not change their behaviour. Youth in the third phase of the activity system are aware of the risk of HIV, aware that having more than one partner increases the risk of infection, and aware that condom use is a protection against HIV infection. However, they still engage in risky sexual practices, for example having *three to four partners* (FG2 young women 16-25) and practicing condomless sex.

Using the terms of the behaviour change theories, they do not change their behaviour in the face of a cognitive assessment of the risk. Throughout the thesis I have argued that using a CHAT framework and activity system analysis in particular, facilitates a significantly different way of understanding this problem from that of the conventional behaviour change theories.

In this chapter I demonstrate the contribution of activity theory firstly through reflecting on the findings of the study. The analysis of the activity system of sexual activity reveals the relationship between HIV and personhood as *outcomes* of the activity. The relationship between these two outcomes is critical for understanding actual and potential change in the activity system. In this chapter I also reflect on the way in which, in contrast to the individual-centred and context-centred behaviour change theories, an application of an activity theory framework accounts for the status of the activity system, providing the means to understand resistance to change.

I argued in earlier sections of the thesis that the particular philosophical and epistemological premises of activity theory enable a theorising of the way in which people are continually shaping, and being shaped, by their social contexts. It is this dialectical re-conceptualisation

which directs the framing and investigation of research problems. In this thesis I have demonstrated how activity theory provides conceptual tools and methodological principles to fundamentally reframe the notion of context. In particular, I have illustrated how the CHAT-based analytic process enables a *production* of context. This application of activity theory to the problem of behaviour change thus illustrates the methodology inherent in activity theory research. In this chapter I reflect on this expansion, or development of the methodology of activity theory. An activity system analysis also enables a discussion of the potential for change in the system, and I conclude this chapter with a discussion of possible interventions.

In this first section of the chapter I focus on outcomes of the activity system as revealed in the activity system analysis in Chapters 5 and 6. In an activity, the *object* is moulded or transformed into *outcomes* by the subject. The activity system analysis in the previous two chapters makes visible the production of self, defining a significant *outcome* of the activity: personhood. It is the relationship between this as an *outcome* of the activity and two other significant *outcomes* of the activity, pregnancy and HIV, which is critical for understanding actual and potential change in the activity system.

1 Pregnancy as an outcome of sexual activity

The historical analysis revealed the way in which the *outcome* of pregnancy mediated the nature of sexual activity. The sexual partners' conceptualisation of the risk of pregnancy operated as a *conceptual tool* which had a marked effect on the sexual interaction. In particular, it constrained and limited the activity to the practice of non-penetrative, intercrural sex (*ukumetsha*). Significantly, both partners in the interaction assumed responsibility for the risk, and managed their activity accordingly.

The negative *outcome* of pregnancy is a significant mediator of sexual activity partly because the state of pregnancy is manifest visibly in the body. Although it might initially be hidden, over time, pregnancy becomes unavoidably present. Pregnancy and child-bearing might conventionally be seen as something managed and experienced by the couple, but in this research context, the consequences of premarital pregnancy were social. As argued earlier, child-bearing creates shifts in social relations by affecting lineage, inheritance rights and therefore access to land and resources. Consequently, premarital pregnancy set in motion a

system of social regulatory activities which involved the public castigation of those involved in the pregnancy (*isihewula*). There were also personal costs in the sense of a loss of reputation for both male and female partners, and a financial cost to the family of the male partner in the form of the payment of fines. The female partner's family bore the cost of a loss of value in the future *lobola* payment. Sexual activity thus potentially incurred costs beyond the individual and evoked a collective response incorporating parents, families and elders.

There are thus two characteristics of the negative *outcome* of pregnancy which are unavoidable and which have a significant effect on the system: although its production might be private, the outcome is public; and, it has social, rather than purely individual consequences. The power of pregnancy to potentially cause a crisis in the activity system of the family or the social network means that it plays a significant role in the activity system. In response to this social regulation, and the visibility of the pregnant body, the male *subject* makes a compromise on his desire to engage in *real* sex.

It is clear in the historical analysis of the activity system that the availability of the injectable contraceptive mitigated the risk of pregnancy and changed the nature of the activity. In the current system, although the regulation of pregnancy, the social sanctioning, and the financial penalties have lessened over the years, the *outcome* of pregnancy still has a social cost. In contrast to pregnancy HIV as an *outcome* of the activity system is very different.

2 HIV as an *outcome* of sexual activity

2.1 The invisibility of HIV

HIV as an *outcome* of sexual activity is inherently invisible. Infection by the HIV virus is an imperceptible process revealed only through a test of one's blood. HIV also takes many years to manifest itself visibly in the body. It may be ten years from the point of infection before an individual's immune system is compromised to the extent that opportunistic infections become evident and one can be said to have AIDS. Stigma and discrimination related to the disease leads many HIV positive people to conceal their status further invisibilising the disease. At the time of this research process HIV was also *invisibilised* by the South African government's denialist stance on HIV (Nattrass, 2007). HIV is thus biologically, and

socially invisible. If it is acknowledged at all, it is someone else's disease. The invisibility of HIV as an *outcome* of the activity system means that it is responded to in a fundamentally different way from pregnancy.

The lack of acknowledgement of HIV at the time of this research process, either by the state, or by the research participants, meant that the male and female subjects lacked the conceptual resources to identify, recognise and speak about HIV. More open discussion of HIV in the research context by individuals directly and indirectly affected by HIV might have created a resource, a set of concepts available to, and influencing the engagement of, the actors in the activity. In this way it could have functioned as a *tool* in the activity system. How this conceptual resource is available to the actors facilitates the individual's appropriation of the conceptual apparatus into the activity.

It is possible that given the anecdotal accounts of an increase in the number of deaths of young people in the research context and an increase in the number of people publically disclosing their status, combined with the national increase in HIV infections over the last few years, the availability of VCT services, and the shifts in national HIV and AIDS policies, that this conceptual resource would be more easily available to the actors in the research context.

2.2 Costs and consequences of HIV

There are significant differences between the cost of pregnancy as an outcome of the activity, and those of HIV. There are immense costs to being HIV positive and eventually succumbing to AIDS. For the individual and his or her family there are significant financial, health, and life potential costs. There are the costs of illness and ultimately of premature death. There is the devastating fragmentation of families and the emergence of child-headed households. There are also the broader social costs to the health system, the economy, and the future development of the country.

However, in contrast to the outcome of pregnancy, the costs of being HIV positive are not defined socially. This is not to deny that the cost of HIV is distinctly social; there is a social stigma attached to the disease which leads to discrimination. However, blame for the disease is individualised and not related to the partner who caused the HIV infection, as in the case of

pregnancy. HIV does not directly affect lineage, inheritance, and access to land and resources, in the way that child-bearing does. On a family and community level, there are no formalised penalties, or social regulatory activities and networks which are activated in response to causing an HIV infection or becoming infected with HIV. As a woman, your status is not mourned with other women refraining from sexual activity for a period of time after your HIV positive status is determined, as happened historically with pregnancy. Unlike premarital pregnancy there is no public castigation of the person who caused the infection, nor a penalty applied to compensate you and your family for your future earnings or for the damage caused. In the case of pregnancy it was these social regulatory networks and activities, and the financial penalties which constrained the activity.

Thus, although the conditions for the production of both *outcomes* are the same pregnancy is public and invokes a social network of responses. An *outcome* of HIV does not generate this formalised, collective and public mode of regulation, and therefore HIV does not operate in the activity system as a *conceptual tool* in the same way as pregnancy. In fact, for the participants in this study, HIV appears only as a very indirect consequence of the activity and it is not directly related to the conceptualised *object* of the activity (identity, sexual gratification, and/or a relationship).

The female participants' attempts to introduce a condom into sexual activity suggest that HIV operates as a minor conceptual tool in the activity system of some of these subjects. However, this request was most often rejected by the male partner and this response prevented condom use. This is, in part, explained through the analysis of the *division of labour* in the activity system. This analysis reveals the gendered nature of responsibility for risks in sexual activity, and the nature of the women's disempowerment in sexual activity.

2.3 The intersection of a new mediating artefact and the division of labour

The availability of the *mediating artefact* of the injectable contraceptive had a significant impact on the responsibilities the partners assumed for the risk of sexual activity. Historically, both male and female partners assumed responsibility for the risk of pregnancy. To mitigate the impact of penalties incurred for causing a premarital pregnancy the male partner (and his father) assumed responsibility for the risk of pregnancy. The female partner (and her family)

took responsibility for the risk of pregnancy because of the impact it would have on her reputation and the effect that the pregnancy would have on the value of the *lobola* payments. The introduction of the injectable contraceptive reduced the need for this self-regulation.

The availability of injectable contraception has empowered women to be in control of the risk of pregnancy. However, although the system of injectable contraceptive use might work for pregnancy, in this research context the gendered nature of this responsibility compromises HIV risk management. The burden of responsibility for safe sex practices is placed on women (mothers and daughters), partly because it is a female hormonal contraceptive. Family planning programmes further exacerbate this by focussing their programmes on women. In the context of sexual activity and HIV women maintain the gendered nature of the responsibility for risk management by assuming a 'caretaking' role, initiating, and even 'policing' (Wilbraham, 1996), condom use. However, the analysis of the *division of labour* provides a concrete illustration of women's disempowerment. Men are in charge of sexual activity. They are the initiators of sex and potentially the more powerful partner in the interaction. Echoing the visibility/invisibility tension between pregnancy and HIV, sex takes place in a private space and it is in this private realm that these gender relations assume a hierarchical form. This was most evident in the examples of coerced sex, when the woman lies *dead* under a man. Thus, although tensions and contradictions may exist within the activity system (expressed in the *division of labour*), these take place out of the public eye, in a private sexual interaction, and cannot be responded to collectively. Importantly, in the face of these dynamics, women are disempowered. They cannot manage the risk and 'make' condom use happen. Traces of these historical gender relations are evident in the current system. This analysis of the way in which the *division of labour* and the *outcome* mediate sexual activity illustrates how condom use is not 'afforded' by the context.

Ironically the use of the injectable contraceptive can also, for social and behaviour reasons, increase the risk of HIV infection (Kleinschmidt et al., 2007). Besides the gendered nature of contraceptive use an overemphasis on injectable contraceptives also affects motivation for use of other methods of contraception which operate as protective mechanisms for the prevention of HIV infection (Garenne, Tollman & Kahn, 2000). Rees (1995, pp. 33-34) argues that once a woman is given a highly effective contraceptive method, it is likely that her motivation to use an additional barrier method is greatly diminished. As the injectable contraceptive nullifies the risk of pregnancy, youth need not be concerned with any other form of

contraception such as the condom. In addition to this reliance on any form of contraception also means that the participants take fewer precautions and engage in risky sexual practices such as, in this study, penetrative sex.

However, despite these power dynamics and the gendered nature of contraceptive use the practice of condom use is also ambivalent and contradictory for female *subjects*. In the activity of sex, even though she initiates condom use, the female partner yields to the male partner's decision not to use a condom. She does not persist in her request, or refuse to engage in sex unless a condom is used. This is explained through understanding the tensions inherent in the *subject-object* relationship, and the dominant *outcome* of personhood in the activity system.

3 Personhood versus HIV as outcome of sexual activity

In the previous chapter the analysis of the *subject-object* relationship revealed the gendered nature of desire. The *object* of the activity for the male *subject* was defined by reputation, identity and sexual gratification. The *object* for the female *subject* was also defined by reputation and identity, but a significant aspect of this *object* was the desire for love and a relationship. It is in this context that condom use needs to be understood.

In the strident arguments of the male participants against condom use, the critical role of sexual activity in the production of identity is revealed. By deriding the condom, and questioning the fidelity of his partner, the male *subject* recruits the have/hold discourse into his activity. His reputation as a virile and potent young man is not enhanced through condom use. Importantly, the female *subject* yields to the male desire for sexual activity, even if she does not particularly enjoy the sexual interaction of the activity, partly to retain the relationship. In so doing, the female *subject* does not compromise her own desire (being loved and having a relationship). However, it is also in these mythologies around sex and the production of self that the woman is disempowered and the male discourse is empowered. In desiring a relationship, women make themselves the object of the activity system of men and do not engage in sex under conditions of their own choosing (Kelly et al., 2001). The woman's desire to retain the relationship (part of the have/hold discourse), and the man's

desire to develop an identity as a virile, sexually active young man (the male sex drive discourse), thus mitigate condom use in sexual activity.

If one adds into this field of contradictions the fact that HIV is personal and invisible, and that, in contrast to pregnancy, it is not managed by any collective regulatory activities, the relationship between personhood and HIV as *outcomes* of the activity becomes clearer. In contrast to pregnancy, HIV is not conceptualised as a significant negative *outcome* in the activity system. It thus functions as a relatively weak *conceptual tool* mediating (and moderating) the activity. As a consequence of this, for the *subjects* of the activity system, there are insufficient tensions between practicing unsafe and safe sex. The male *subject* does not, as yet, need to compromise his desire to engage in sex, and likewise, the female *subject* does not need to relinquish her desire for a relationship. In this way the relative status of HIV as an *outcome* of the activity system is constituted by the *subject-object* relationship, and significantly, the *outcome* of identity/personhood. One could say that the *outcome* of HIV is in tension, albeit a relatively weak tension, with that of personhood. These dynamics are illustrated in Figure 20 below.

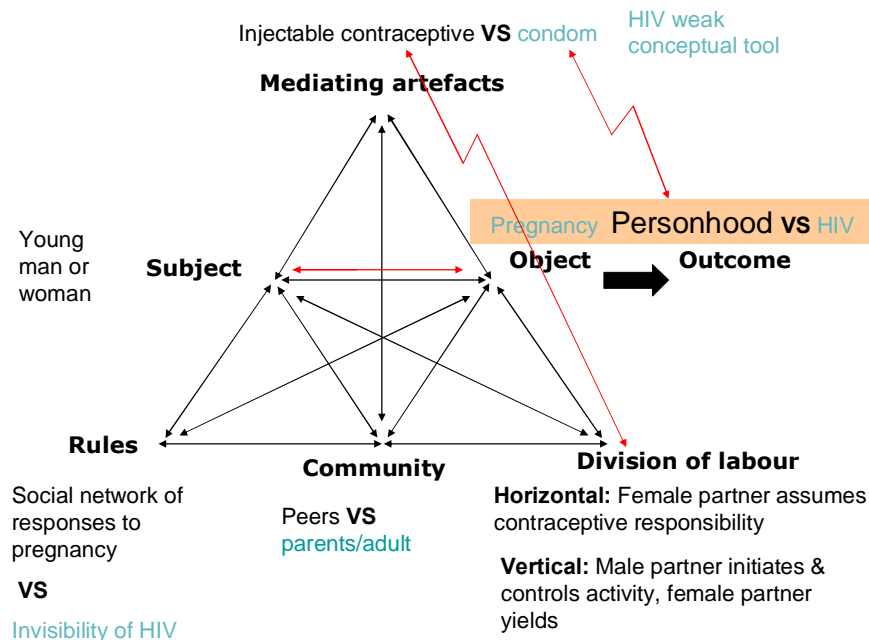


Figure 20. The dynamics of personhood and HIV as *outcomes* of the activity

The dominant dynamics in this phase of the activity system play a significant role in protective health behaviour in the form of condom use. The injectable contraceptive (*mediating artefact*) is entrenched as the dominant form of contraception. Pregnancy is mitigated by the injectable contraceptive and is therefore a weak *outcome* of the activity system. The injectable contraceptive significantly affects the *division of labour* in the activity. The analysis highlights significant power dynamics within the *division of labour*. The roles in the activity and the responsibilities for different aspects of the activity are distinctly gendered. Power within the activity resides with the male partner and his desires dominate. These dynamics significantly influence the nature of the activity and they sustain the tension between the *object* of the activity for the male subject and for the female subject. Although the condom might be available as a *mediating artefact*, it is in tension with the *outcome* of personhood. Partly as a consequence of its invisibility HIV is present in the system as a very weak conceptual tool (*mediating artefact*). The dominant peer group as a reference point (*community*) for the subjects ensures that personhood is the overriding *outcome* of the activity. HIV as an *outcome* of the activity system is in significant tension with identity, or personhood, and is therefore not a dominant *outcome* of the activity.

Activity theory provides important theoretical tools for understanding the way in which these tensions and contradictions relate to actual and potential change in the activity system.

4 Understanding change (or the lack of change) in the activity system

Engeström (1996) argues that an analysis of the activity system, which traces the disruptions, dilemmas and innovations within both the historical and current forms of the activity in the form of tensions and contradictions, could reveal actual changes and the potential for change in the system. In this thesis the activity system became a mechanism for illuminating the dynamic nature of sexual activity. This analysis revealed the relative degree of tension and contradictions within, or between, components in the system. It is the strength, or status, of these tensions and contradictions which is critical in understanding the nature of change in the activity system.

Engeström (1996) argues that in the outcome and cause of human life the tensions and contradictions in an activity system accumulate over time, eventually manifesting as a crisis

in the system. This is what leads to a change in the activity system. In the historical contextualisation of the activity it is clear that a range of tensions and contradictions existed, developed, and effected change in the activity system. For example, the introduction of the injectable contraceptive contradicted the practice of intercrural sex (*ukumetsha*). This contradiction was aggravated over time and in this process individual participants of the system began to question and deviate from the norm of non-penetrative sex. Eventually this lead to an overall crisis of the activity system and to a new form of the activity, penetrative sex. Tensions and contradictions are in this way the motive force for change and the source of development in the system. It is also in this way that change originates neither in the individual, nor in the context, but is a product of collective activity.

Analysing the activity system in relation to contradictions and tensions also reveals resistance to change in the system. Although essential to the activity system, these tensions and contradictions exist in various forms. If the tensions and contradictions are latent, weak, and not generative of essential dilemmas, then there is no crisis in the system and no change takes place. The relationship of tensions and contradictions to the crisis and ultimate change in the system is critical to an understanding of the current lack of behaviour change.

4.1 The state of the activity system

The analysis of the current phase of the activity system reveals that the predominant tensions within the system are primary contradictions, that is, within components of the system. Specifically, these are within the *tools/mediating artefacts* (between injectable contraceptives and condoms); within the *rules* (between a prohibition on sexual activity and a peer expectation to be sexually active/have multiple partners), and lastly, within the *community* component of the system (between the subject's peer group and parents, or elders, in the research context). This analysis also reveals that secondary contradictions between components of the activity system have not yet really emerged, or become visible. For example, as discussed above, the *outcome* of HIV is in a relatively weak tension with that of personhood.

Significantly, the apparent tension between *objects* in the activity system of men, and that of women (a tertiary level contradiction between two activity systems), has not led to change.

Although there is a tension between wanting to practice safe sex, and wanting to have condomless (unsafe) sex, this tension can be seen as latent rather than manifest. In order for the activity system to change this tension would need to manifest as an essential dilemma for one, or both, of the participants. For example, if the female participant questioned the status quo and resisted the advances of her male partner, deviating from the current practices, this would cause a crisis in the activity system of the male *subject* and lead to a change in the activity system.

The analysis of the current form of the activity system of sexual activity reveals that the contradictions within the system overall are in a relatively early stage of ‘maturity’. This means that the system is still relatively stable and there are insufficient conditions in the activity system to generate a change in the system. As a problematic *outcome* of the system, HIV has not created a sufficient set of tensions and contradictions with other *outcomes* of the system, or other components of the system, to lead to a crisis, and thus a change, in the system. Significantly, from the point of view of the subject, and particularly the young male subject, the activity system of sexual activity works and is not in crisis. This ‘lack of crisis’ in the activity system of sexual activity would explain the lack of behaviour change in response to HIV and AIDS.

This activity theoretical account of the problem differs dramatically from the accounts of behaviour change evident in either the individualistic or the social container theories. The individualistic accounts assume that the potential for change resides in the individual’s reasoning processes. They would, for example, focus on the individual’s knowledge about HIV or the individual’s perception of risk. However, all of the research participants in this study were aware of HIV and of the risk of unsafe sex. This perception of risk, a cognitive process, was clearly insufficient to cause a change in the behaviour of these participants.

The focus on the activity of sex rather than on the individual’s attitudes or perceptions suggests why the participants’ understanding of risk is not drawn into the private sexual interaction. It also explains why protective health behaviour is not the ‘primary driver’ or the motivation structuring their behaviour (Bajos, 1997). This analysis also suggests that researching the participants’ perception of risk would not have enabled an understanding of why behaviour change does not occur. As Kippax (2003) argued, it is the contextual discourses of sexual activity, such as the have/hold discourse, and the male sex drive

discourse, which affect the notion of 'risk' in relation to sexual activity and HIV and AIDS. The activity system analysis clearly illustrates the way in which these subjects are not 'individuals' acting under their own volition. The 'origin of' and 'motivation' for, what these participants do; the repertoire of actions which they perform, are derived not from their minds as actors, rather they are the collective possession of the social group (Doyal & Harris, 1986; Kelly et al., 2001). They do not 'own' their desires. These desires are in the system. It is in this sense that the research participants perform actions for reasons beyond themselves as individuals and enact social roles which they have not necessarily generated. In fact the research participants' adoption of these social modes of action with all of their attendant meanings and determinants (Kelly et al., 2001), is illustrative of the social nature of action. As Kelly et al. (2001) argue, although sexual activity might be private and personal, the behaviour of the actors in the activity cannot be said to be individual, original or novel in any way.

Behaviour change theories have also attempted to theorise the effect of structural and social factors on behaviour. As argued in the chapter 2, these factors are posited as impediments to behaviour change. Inherent in these theories is a conceptualisation of context either as a container 'surrounding' the individual, or of context, or factors in the context as variables, which have an impact on the individual. One aspect of these conceptualisations is that context in its various forms limits, or constrains, the individual's actions. The individual is assumed to be disempowered by factors in the environment outside of his or her control. To a certain extent this approach is derivative of the individualistic approaches. It assumes that if someone is disempowered by factors in the environment, removing these factors would enable them to make rational decisions related to risks. For example, Chan and Reidpath (2003, p. 42) argued that social, political and economic factors influence the 'extent of agency available to the individual' and therefore limit their choices and their actions. Inherent in this statement is the assumption that 'behind' particular social factors, cultural practices, or gender dynamics stands the universal, rational individual, whose individual agency merely needs to be facilitated. These social, cultural or gender factors are pathologised as standing in the way of pure, individual reason. In this model context is something which needs to be overcome. However, even if it were possible to remove gender inequities between male and female partners in this research context, this would not alter the fact that the male and female partners in sexual activity are gendered subjects, produced by context. As the activity system analysis reveals, they are fuelled and motivated by socially defined desires. It would also not alter the

fact that there are insufficient contradictions within the current form of the activity system to generate change. This activity theory conceptualisation of the potential for change in the system is thus a significant contribution to understanding the lack of behaviour change amongst youth in the research context.

Activity theory achieves this different conceptualisation of the problem of behaviour change by drawing on particular philosophical and epistemological premises which dialectically link the individual and society. This generates a particular methodology which underpins the *production of context*.

5 The production of context

Throughout the thesis I have highlighted how CHAT makes *activity* pivotal to an understanding of behaviour. The notion of activity articulates the relationship between the subject and object, between 'inside' and 'outside'. It provides the means to understand the individual and society not only as inseparable, but as dialectically related. It provides the means to understand activity as fundamentally and intrinsically social, rather than individual. The focus on activity challenges the concept of context as a 'container' or a 'variable'. Context cannot be something external to the individual, merely having effects at the border of a phenomenon. It also cannot be an 'obstacle' to be removed or 'overcome' to facilitate the agency of the individual. In this activity theory conceptualisation context is constitutive of us and we, through our practical activity, constitute context. In this sense context is a pre-requisite for, and an outcome of, activity.

However, this conceptualisation of a mutually constitutive relationship creates methodological problems for 'accessing' or studying, context. Just as 'individual' cognitive reasoning is not 'there' to study, so 'context' is not a stable, static, external reality, an observable, definable 'object' external to the individual, on which to focus a study. The research process described in this thesis demonstrates a significantly different way of engaging with this notion of context.

Adopting a CHAT approach to understanding behaviour and behaviour change necessitates the *production of context*. In CHAT-based research, the research activity becomes one in

which the context which is productive of sexual activity is, in itself, produced. The methodological contribution of this thesis is in its demonstration of the way in which the analytic process *is* this production of context. This is not merely a subjective process in which the research focus is dependent on the whims of the researcher. The principles of activity theory guide the way in which this production occurs.

This production occurs firstly through a study of activity. As outlined in earlier sections of the thesis, a key tenet of activity theory is that human consciousness is *derived from* socially organised, practical activity. Activity is the core reality of life; the organism consists in its activity (Fichtner, 1999). In this thesis, the unit of analysis (the central object unit) was sexual activity, an activity characterised by the typical practices which occur repeatedly between partners and which potentially lead to the transmission of HIV. The assumption was that within this central object unit, the essential contradictions of the whole activity system would be manifested. Qualitative research processes were recruited to engage with the research participants and this engagement generated rich accounts of individual experiences of this central object unit, sexual activity in a context of HIV and AIDS. However, this thesis did not merely describe and analyse, for example, the activity of condom use (or non-use). *Object-oriented, collective and culturally mediated* human activity, in the form of the *activity system*, became a means to engage with these accounts and understand the way in which sexual activity was culturally and socially mediated.

In CHAT-based research, applying the triangular model of the activity system as an instrument to investigate the data forms the basic analytic process. The analysis of the activity system visibilised all facets of the concrete, culturally-mediated, historically evolving, object-oriented activity of sex. A critical contribution of this activity system analysis is the way in which it illustrates how self is constituted in practical activity.

The analysis of the activity illustrates the way in which the participants (the *subjects* of the activity system) are constituted by their engagement in social and historical practices. All the activities in the context lead towards this production of self: from the playing of *undize*, to the activity of sex in which youth develop a reputation amongst their peers. And yet it is also in this activity that the participants *constitute* this world, this particular set of social relations in which if you are not sexually active as a boy, you are a shoemaker or a snake without poison; and as a girl without a boyfriend, you are ridiculed. In sexual activity, the *subject* is

productive of the *object*: a gendered identity expressed either as masculinity for the male partner, or as fidelity for the female partner. This epitomises the dialectical conceptualisation of the individual-society relationship.

The power of the narration of the activity system is thus that the individual-social dialectic is explicated. It is the analysis of the subject-object relationship in particular which reveals the systemic processes through which these individuals, and their particular forms of life, are produced. The male participants' deeply personal desire to be seen as manly, which empowers him in society, is intertwined with and subject to a socially constituted discourse. Although these desires drive and motivate particular enactments of sexual activity, they are not inside the individual and they do not originate within the individual. The activity system analysis of the subject-object relationship thus makes visible the unity of the subject and the object. Through engaging in sexual activity the subject becomes the *means* of producing the object. The activity of the human subject in the world continuously creates and transforms this world, thereby constituting social relations.

Using activity system analysis to examine the participants' descriptions of their sexual encounters reveals their individual and personal desires, but it also blows up or expands the activity, sensitising one to the activity of sex as a social practice, produced and enacted within particular interpersonal, social and historical dynamics. It is in this way that a focus on activity reveals the mutually constitutive relationship between the ongoing historical-cultural system of the activity, and the participants, their practices, and their conceptual and physical mediating artefacts (Wells, 2004). It is this re-conceptualisation which transcends the classic dualistic conception of individual and context, and counters the key assumptions of both individual-centred and context-centred behaviour change theories in the HIV and AIDS field. The individual and society, or context, cannot be ontologically, or methodologically, distinguished. The implications of this are that to understand human nature, and in this case, why behaviour has not changed, one cannot examine the individual through their knowledge about, attitudes towards and perceptions of HIV, what Vygotsky (1978) would refer to as the psychology of individual cognition, because there is no universal, rational individual lying behind context. Nor can one examine the context surrounding the individual, in the form of societal structures and sociology. In a dialectical conceptualisation context can be neither a container nor a layer as in the stratigraphic conception (Geertz, 1973), external to and removable from the subject. It is also not possible in this dialectical conceptualisation to

define a variable ‘external’ to, but impacting on, the individual, as is done in many of the behaviour change theories. The focus needs to be on the way in which the ‘self’ is constituted in activity and the way in which in this activity, the ‘self’ constitutes this context.

The power of a CHAT-based analytic process is in the production of context. In practical terms, this *production* occurs through a series of engagements with the data corpus, each building on the other, gradually constructing a close reading of the ‘context’. First was the historical account of the activity system; then the intermediary account, illustrating the turbulence created by colonialism and the system of apartheid. This developmental account illustrates the palimpsestic nature of the activity system; the way in which each activity system bears visible traces of earlier forms of the system. Lastly, an analysis of the current system, a close examination of the components of the system and specifically the *subject-object-outcome* relationship, generated the ‘context’ of the activity in a way which would not have been possible through defining elements of context as variables, or delineating context as a ‘container’ of the individual’s behaviour. Each ‘layer’ of analysis is operationalised as distinct, but is in reality imbricated and interwoven. Activity theory thus theoretically elaborated the notion of context and activity system analysis formed the mechanism of contextualisation.

A significant outcome of this analytic process is that it theoretically situates the initial problematic of the thesis. The problem of a lack of behaviour change can be understood *through* the production of context. This production of context renders unchanged (and unsafe) sexual practices meaningful. These kinds of results have generative power (Wardekker, 2000). What is of concern is not whether the product of research is knowledge which can be transferred to other persons and situations. It is this understanding of the change processes in *this* specific situation which may, or may not, have implications for other situations (Wardekker, 2000).

Activity system analysis delineates the activity, and in an additional contextualisation of sexual activity, reveals the structural tensions which have accumulated over time and which have led to a change in the activity. It is in this way that an understanding of the historical development of the tensions and contradictions is a methodological condition for understanding change, resistance to change and the potential for change (Engeström & Miettinen, 1999). The multi-faceted analysis of the activity system highlights the latent form

of the inner contradictions. The dilemmas within these components of the system have not yet become aggravated contradictions causing constant disturbances in the everyday practice of the actors (Engeström et al., 2002, cited in Engeström, 2005). In addition to identifying these limits of change, an activity system analysis contributes to understanding the potential for change.

6 The potential for change

Although contradictions generate disturbances and conflicts, they also generate innovative attempts to change the activity (Engeström, 2001, p. 137) and this is critical for understanding the possibility for change. Using this notion of tensions and contradictions as the *motive force* for change in the activity system, Engeström (2001, p. 140) argues that change can be brought about if one can touch and trigger some internal tensions and dynamics. A brief examination of the components of the system explores whether, and where, in the system one could potentially instigate a crisis.

6.1 Changing the conceptual resources available in the activity system

The analysis of the activity system identifies HIV and AIDS as only an indirect consequence of the activity. For the subjects in the activity system HIV is not part of the *conceptualised object*. One of the reasons why the system is not in crisis is because the negative outcome of HIV is not in significant tension with other components of the system. Interventions could attempt to alter the nature of the conceptual resources (*tools/mediating artefacts*) available to the individual in sexual activity by making HIV more visible. By changing the visibility of the disease, and addressing the nature of the risk of HIV, the conceptual apparatus to manage HIV as a negative outcome of sexual activity is available to the individual. However, I am not necessarily arguing for more HIV and AIDS information campaigns. The analysis of HIV as an outcome of the activity system illustrated the social and biological dimensions of the invisibility of HIV. The way in which pregnancy operates as a negative *outcome* of the activity models the way in which a risk can significantly moderate people's engagement in an activity. Significantly it is the social processes related to pregnancy as an outcome of the activity which structure and construct individual responses to sexual activity. Juxtaposing the subjects' responses to the risk of HIV and to the risk of pregnancy suggests that shifts in the

social regulation of the risk of HIV and AIDS might affect the way in which that risk is conceptualised in the system. Interventions could therefore address the social visibility of the disease by normalising an HIV-positive status, and by problematising HIV infection.

In 2001 I was involved in a social mobilisation intervention conducted in the Amathole Basin (see Kelly et al., 2002). Inherent in the intervention process was the instigation of various *activities* which would potentially challenge, and change, the community members' response to HIV and AIDS. For example, the intervention attempted to shift the conceptual resources available to the residents by engaging them in the development of a new *tertiary artefact* (Wartofsky, 1979). A series of workshops (or activities) with different stakeholders in the community, generated a pledge, outlining future activities through which they would support those affected, and infected, by HIV. At the closing ceremony of the intervention, the inauguration of this pledge, community members collectively and publicly stated their commitment to this Amathole Basin Declaration. In addition to this, at this event, an HIV-positive person disclosed her status and discussed her experience as someone living with HIV. These activities formed part of an attempt within the intervention to normalise HIV and also to shift the response to the disease from a discriminatory response to a form of supportive social regulation. Although the long-term sustainability of changes which emerge out of such activities is doubtful, there were slight changes in practices related to HIV and AIDS (these are discussed in section 7.1 below).

Interventions could also counter the 'biological' invisibility of the disease by creating activities which move beyond the mere provision of information. For example, promoting voluntary-counselling and testing (VCT) services provides individuals with the means of making HIV and AIDS more 'visible' to themselves. Normalising an HIV-positive status is also achieved through the provision of antiretroviral (ARV) medication which makes living with the disease possible. Nationally there have been policy changes in the provision of HIV-related health services such as VCT and ARV. On the level of mediating artefacts there are also significant expansions in condom distribution and widespread promotion of condom use (Parker & Colvin, 2007). However, given the history of the Amathole Basin clinic it is questionable whether these policies have been implemented and sustained at a local level to be of benefit to the participants in this study.

As argued earlier, it might be that HIV and AIDS are now more visible to residents in the Amathole Basin. This would partly be because of shifts in the government's acknowledgement of HIV and AIDS but also because more people in the research context have been infected by HIV. Ongoing contact with residents in the area since the data for this study was collected reveals an increase in funerals for people between 30 and 50 years of age, and more people disclosing their HIV positive status. Given these changes over the last seven years, it might be that HIV is available as a conceptual resource for the subjects of the activity system and that it does operate as an *outcome* of the activity.

6.2 Changing the community component of the system

The activity system analysis reveals the extent to which the peer group is the main reference point for the subjects of the activity system. Parents focus on the regulation of contraceptive use rather than the regulation of sexual activity and are not a significant reference point for many youth. Is this component of the activity system a potential site for intervention?

The context-centred behaviour change theories which focus on the 'social' level of intervention argue that social processes, factors and norms influence individual behaviour. These groups are assumed to influence standards for personal behaviour by encouraging and discouraging risk-related behaviours. The assumption within these social level interventions is that if norms are modified in groups which have the most influence on the individual's behaviour (the 'community' component of the activity system), individual behaviour change will take place (DiClemente & Wingood, 1995).

Within the HIV and AIDS field the 'abstinence' movement attempts to establish an alternative *community* for the actors in the system. It attempts to reframe the activity of sex as 'abnormal' and thus provides a different set of norms, conceptual tools and resources for the subject to draw on. It regulates sexual activity, proffers chastity as the mediating device, and seeks to reshape the 'reputation/identity' component of the object in the activity system. It might be possible for those subjects who are, for example, already involved in church groups which promote abstinence, to commit to this community as a reference point and to draw on this normative framework. However, for the broader group of youth who are not within these structures, adhering to this set of regulatory practices would be difficult to sustain. A similar

type of intervention is the provision of appropriate role models to build the capacity of youth to examine and deal with these social processes (Dolcini et al., 2004). However, it is clear from the activity system analysis that a focus merely on the subject's peer group would not enable a shift in significant social discourses, the *object* which drives the collective activity (Leontiev, 1978).

This thesis has demonstrated the way in which the dynamics of the *subject-object-outcome* relationship would also potentially undermine interventions in any *single* component of the system.

6.3 Subject-object-outcome relationship

The analysis of the subject-object relationship in the activity system reveals that engagement in sexual activity is intricately interconnected with the production of self. This creates significant problems for the management of HIV as a risk and it significantly constrains the possibility of change in the system.

The analysis of the subject-object relationship shows significant similarities in the *object* of the activity for both the male and female actors. Both male and female participants identified reputation/identity as a significant part of the conceptualised object. There was, however, a tension between the *object* in the activity system for the female subject and that of the male subject. The critical question is whether this contradiction has the potential to generate a change in the system.

This tension was mediated by particular dynamics in the *division of labour* in which men usually initiate sexual activity and women yield to this proposal. Although interventions might attempt to neutralise the dynamics of the division of labour by focussing on changing the more powerful male partner's attitude to risk, or his conceptualisation of the object, these interventions revert to the assumption of an individually agentive, rational subject whose cognition can be changed, therefore effecting a change in his behaviour. HIV and AIDS interventions which focus on shifting gender dynamics and 'empowering' women, are also in effect working on the *division of labour* dynamics in the activity system. For example, they might focus on developing women's ability to say 'no' or building self-esteem in an attempt

to facilitate the management of risk behaviour through enabling better condom negotiation. Interventions might also seek to economically empower women in order to change the relations of dependence within sexual activity. However, one of the most significant obstacles to change in this system is that the both of the actors are invested in the production of particular identities through sexual activity.

Despite the latent tensions in the *object* of the activity system and in the *division of labour*, if both partners are heavily invested in a particular outcome of the activity, that of 'personhood', then it will be very difficult to effect a change in the activity system. Whether or not the female partner is empowered, it is the subject's use of a particular set of socially constituted discourses which sustains the *subject-object* relationship. The recent emergence with the HIV and AIDS field of a focus on 'masculinity' is perhaps an attempt to influence the set of discourses available to young men. At present, the male sex drive discourse, and the have/hold discourse still drive the desire for a particular outcome of the activity and it is these discourses which are more significant than the risk of HIV.

A significant contribution of a CHAT-based methodology is that it illustrates that even if there is the potential for intervention in each of these components of the activity, this might be insufficient for change in the activity system as a whole. If the activity system was on the verge of a crisis, if there was an 'explosive' situation, in which dilemmas and contradictions within, and between, components were on the edge of manifesting, then perhaps making smaller changes in these components of the activity system, for example the norms, the rules, or the tools, might effect a crisis and then a change in the system as a whole. However, if the system, from the point of view of either the male or the female actor, is not in crisis, there might be a need for a different kind of intervention.

The application of activity system analysis to the data seems to suggest a multi-dimensional and multi-pronged intervention design. Although it is not within the scope of this thesis to develop such an intervention, by way of conclusion, I discuss Engeström's model of expansive learning (Engeström, 2005; Engeström et al., 2003). This model emerged out of the philosophy and epistemological assumptions of activity theory and potentially extends the analysis in this thesis. I suggest this as a final 'contextualisation' of the research problem.

7 A further contextualisation

Engeström (2007) proposes a formative intervention based on the double-stimulation method of Vygotsky which he refers to a form of ‘expansive learning’ Engeström et al. (2002, cited in Engeström, 2005, p. 387) argue that:

While systemic contradictions are faced and overcome time and again in everyday practice, they keep coming back, and in more aggravated forms. They cannot be eliminated or fixed by means of isolated technical solutions. They can be resolved and transcended only by means of systemic transformations – the process we call expansive learning. Expansive learning is learning what is not yet there by means of the actions of questioning, modeling, and experimentations (Engeström, 1987). Its core is the collaborative creation of new artifacts and patterns of practice.

In Engeström’s (2007) intervention design, which takes the form of a Change Laboratory, research participants are put into structured situations in which a particular problem is debated. Researchers have used the intervention design in a wide range of settings from factories and schools to workplaces and hospitals (Engeström, 2001; Engeström et al., 2002 cited in Engeström, 2005; Engeström et al., 2003). This approach aims at eliciting new, expansive forms of agency in subjects (Engeström, 2007). The approach draws on Marx’s concept of activity to reframe the process of change and intervention. As Engeström and Miettinen (1999, p. 3) argue:

Change is not brought about from above, nor is it reducible to purely individual self-change of subjects. The key is ‘revolutionary practice’ which is not to be understood in narrowly political terms but as joint ‘practical-critical activity’ potentially embedded in any mundane everyday practice.

The Change Laboratory intervention thus constructs the conditions for a collective activity and in particular a re-examination of the *object* of the activity system. The assumption here is that a change in behaviour will not originate from the context, or from the individual. It is a product of collective activity with others.

In this mode of intervention the research process or *activity*, IS the intervention. This form of intervention is very similar to that used in participatory research in which the research participants are actively involved in the design and implementation of the research process, including, most critically, the analysis of the data (Van der Riet, 2008b).

The Change Laboratory approach consists of a structured process of several sessions over a few months. In working with the material from this thesis, the research participants from the Amathole Basin would be asked to participate in such a Change Laboratory. In this process the participants would focus on a particular problem or dilemma, for example, the problem of behaviour change in response to HIV. They would be provided with actual data from the study which mirrors their reality to them. Engeström et al. (2002, cited in Engeström, 2005) argue that the data needs to represent actual experiences from the setting, particular problem situations and disturbances. This data could be in the form of excerpts from the transcripts and focus groups, from both the current and the historical accounts of the activity.

Engeström's (2007) interventions are called formative interventions because the research process is part of the intervention, rather than preceding it, as has happened in the research process related to this thesis. In addition, the participants might actually be involved in the data collection process, another parallel with a participatory research approach. Although this has not happened in the research process for the thesis, the data could be used as a frame, and additional data could be collected through further interviews and focus groups conducted by the research participants. In a participatory style, the data could also be presented in the form of skits or plays representing the dilemmatic interactions between male and female partners in sexual activity. In this way a rich set of representational tools or mediating artefacts are available in the process to enable the analysis of disturbance and contradictions in the system.

In the Change Laboratory, the researcher/interventionist facilitates the participants' engagement in an analysis of this material using the triangular model of the activity system as a conceptual tool. The process starts with the current problem, then moves to trace the roots of current trouble by mirroring experiences from the past and modeling the past activity system (Engeström, 2007, p. 372). In this process the systemic roots of specific, but recurring problems and disturbances are traced and conceptualised as inner contradictions in the activity system (ibid, p. 371). This leads to the generation of a model of the current activity, depicting its inner contradictions, enabling the participants to focus their transformation efforts on essential sources of trouble (ibid). A third generative space is made available (literally and figuratively) in which ideas, or tools, are recorded. As participants move between the mirror data and the theoretical model of the data, they generate partial solutions and intermediate ideas which could be worked on.

In the movement between what I have referred to in the methodology chapter as an empathic grounding in the data, and a distanced theoretical perspective (what Engeström, 2007, p. 372, refers to as *separation and embeddedness*), a future model of activity is envisioned. In the participatory research approach, this hermeneutic step is enabled through the tools of mapping and diagramming (Van der Riet, 2008a). In this process it is the use of the model which potentially allows the participants to *break away from* an unacceptably dilemmatic, closed situation(s) (Engeström, 2007, p. 374). It is thus the model of the activity system or the diagrammatic representation of everyday experience which *facilitates* specific agentic actions of analysis, design and implementation (Engeström, 2007, p. 382). It is this process which enables a critical reflection on the problem, and potentially, the engagement of the research participants in a new horizon of understanding (Kelly, 1999).

In the Change Laboratory process change is represented in the *expansion* of the activity system; the construction of a model of a new form of the activity in which the components such as tools, communities, division of labour, are expanded. A critical part of this process is the re-envisioning of the *object*. In activity theory, it is the object of activity which is regarded as the key to understanding change and learning (Leontiev, 1978). Engeström (2001) argues that an expansive transformation occurs when the object and the motive of the activity are reconceptualised to embrace a radically wider horizon of possibilities than in the previous mode of the activity. The Change Laboratory process facilitates this expansion of the object by engaging the research participants in a dialogical interaction in which the object is re-negotiated. This process enables the participants to *construct* new shared models, concepts and tools to master their objects (Engeström, 2005, pp. 446-447).

Engeström highlights how this process accesses or activates collective intentionality rather than merely individual agency. He argues that by employing the external cultural artefact of the Change Laboratory, a *collective effort* may be taken to transform the situation by *agentic actions* (Engeström, 2007, p. 382). Engeström (2001, p. 137) argues that a

a full cycle of expansive transformation may be understood as a collective journey through *zone of proximal development* of the activity: *It is the distance between the present everyday actions of the individuals and the historically new forms of the societal activity that can be collectively generated as a solution to the double bind potentially embedded in the everyday actions* (Engeström 1987, p. 174)

Zones of proximal development may be understood as spaces of potential radical transformation and reorganization of the activity system. Actions are fundamentally future-

oriented in that they contain an aspect of imagining what might be possible (R. Engeström, 1999).

Although this Change Laboratory process has been used amongst competent adult practitioners in the workforce, Engeström questions whether when used with more marginalised, or underprivileged groups, it might turn into a form of 'paternalistic manipulation' (2007, p. 382). Although not denying that such dynamics would exist and would affect the research process, participatory research processes are particularly designed to address and manage the disparities of power and privilege in research engagements (Van der Riet, 2008b; Van der Riet & Boettiger, 2009). I would suggest that recruiting a participatory approach into this intervention design might resolve some of these problems. However, in applying this intervention approach to the Amathole Basin, more basic problems arise. Change Laboratory settings work in, and with, naturally occurring groups, with a focus on one activity. Would it be possible to work in a similar way in a 'community' context such as the Amathole Basin, constituted by a heterogeneous group of residents? What would be the meaningful units of social organisation for the project? Could these be formed artificially and what kinds of problems and potentials might this create? This form of intervention could also create difficulties for initiating and sustaining long-term changes. Although research participants from such a heterogeneous group might be interested and willing to construct new 'models' and 'tools' for changing the activity, the nature of the group could create difficulties for implementation. The heterogeneity could also increase the contested nature of the engagement, and possible resistance to change (Engeström, 2007). Given the difficulties mentioned above, particularly with effecting change in the outcome of personhood, this raises the question of the feasibility of different levels of intervention.

7.1 From activity, to action, to practices

Attempting to change the actions of an individual subject, for example, getting the male subject to use a condom, would not be very effective because as this analysis has illustrated, his actions are embedded in the broader system. In the social mobilisation intervention, an emphasis was placed on increasing the availability of condoms (*mediating artefacts*). Condoms were distributed in a variety of sites (in taverns, spaza shops, and also to directly to youth), rather than only to the clinic. However, the provision of this 'tool' for use in the

activity was not sustainable beyond the period of the intervention. In addition to this, it is clear from the activity system analysis that a focus on a particular behaviour, such as condom use, would not on its own, enable an understanding of, or effect a change in, risk-taking.

Although Engeström (2007, p. 370) argues that the Change Laboratory method facilitates both intensive, deep transformations and continuous incremental improvements, attempting to change the whole activity would be an unrealistic undertaking. If a Change Laboratory process enabled the reconceptualisation of the *object*, this would have consequences for the identity of the subjects. An expanded reconceptualisation of the object would also open up an expanded repertoire of possible actions and goals (Engeström et al., 2002, cited in Engeström, 2005, p. 385). However, Engeström et al. (ibid) note that, paradoxically, a reconceptualisation of the object can itself only happen through engagement in novel actions. Perhaps a limited form of a Change Laboratory intervention could lead to changes in practices, what Scribner and Cole (1981) refer to as relatively stable clusters of actions, initially in response to HIV and AIDS, and then possibly in relation to the activity system of sexual activity.

This idea emerges from the interesting, although not formally researched, outcomes of the social mobilisation process. The shift in the conceptual resources, in the form of enabling a different response to HIV and AIDS, seemed to generate a change not necessarily in the activity system, but in practices. For example, after the social mobilisation process some of the young men in church groups who were part of the social mobilisation process set up a home visiting group and visited homesteads in which they knew someone was sick. In addition to this, there seemed to be an increase in public disclosure of the disease. Shortly after the social mobilisation process a grandparent announced at her daughter's funeral that the death was due to AIDS. Before the intervention this was not a common practice.

What was significant about these practices is that they were novel practices which emerged from the context a few months after the intervention process. To a certain extent, the development of new conceptual resources generated practices, or relatively stable clusters of actions in response to the problem of HIV and AIDS. It is these kinds of practices, particularly if they have some kind of repeatability or longevity which could serve as a cogent force towards changing the activity system. Practices are more than singular actions which could relate to the particular circumstances of the moment. The social and artefactual

anchoring of practices gives them more repeatability and sustainability. These practices make the outcome of HIV more visible, potentially changing the conceptual resources available to the actors. Such 'secondary' practices could ultimately effect a change in the conceptualised object, making a link between the conceptualised object in the activity of sex, and the outcome of HIV. This might in turn potentially affect the primary practices within sexual activity.

8 The contribution and limitations of this study

Adopting a CHAT-based approach to a research problem is not an easy task. Engaging in the analysis of an activity system requires an incredibly broad and all-encompassing analytic perspective. Although at times this is in itself impossible, the nature of the analysis in this thesis, incorporating historical and systemic accounts of sexual activity, challenged and extended a simpler qualitative analysis of the data. The historical accounts of sexual activity in the research context are problematic in their situatedness and the way in which they present the anthropological gaze of a particular time period. However, their value resides in the way in which they are able to illustrate and articulate tensions, contradictions and change in the activity system of sexual activity.

Importantly, it is the activity system analysis which illustrates the dialectical relationship between the subject and the object, thereby enabling the exploration and explication of the individual-social dialectic. In re-directing the focus of research onto the activity, essentialist individualistic approaches and determinist context-centred approaches are subverted.

Conducting research through another language and using translators affects the interactional project of the interview and focus group processes, compounding the layers of interpretation which take place in the research process. The social milieu of the communication process in the interviews and focus groups would also have been constructed by the race, gender and age of the interviewers. The research participants would have constructed their accounts of sexual activity in response to me as a white female differently from that of the CADRE researchers as black females. Male and female participants might therefore have re-counted their 'stories' in relation to the gender of the interviewers. The older research participants might also have been more reticent in expressing their views to any of us as interviewers who were younger

than them. Despite this, the textual accounts of the participants' experiences do provide the means to engage with, and analyse, the central object unit of sexual activity.

Making the private act of sex public involved a particular kind of story-telling process in the data collection process. This was not necessarily a problem for this research topic as the expression of a public stance on sexual activity is likely to be closely linked to the social discourses of the context. Accessing the dialogue related to the have/hold and male sex drive discourse proved critically important for understanding the dominant outcome of the activity system. The knowledge claims related to the research process are therefore defensible primarily in relation to the process of analysis.

A critically significant extension of this analysis was the focus on turbulence in the system. In focussing on a central object unit which manifested the essential contradictions of the activity system, an analysis of tensions, emergent contradictions and actual changes in this system facilitated an understanding of the current status of the system. In theorising the problem of behaviour change in response to HIV and AIDS, both the individual-centred and the context-centred behaviour change theories fail to identify the activity system as not 'in crisis'. Understanding the historical development of the tensions and contradictions in the system was indeed a methodological condition for understanding change, resistance to change and the potential for change (Engeström & Miettinen, 1999). It is the articulation and analysis of the change processes in this research context which have implications for understanding change in relation to HIV risk in other research contexts.

A limitation of the thesis is its focus on HIV prevention dynamics. There is a range of social dynamics which sustain poor behavioural response to HIV infection risk, for example, stigma. Although the data collection process did not focus on stigma and discrimination as social responses to HIV and AIDS an analysis of the cultural-historical realities which generate stigma, and which potentially underpin poor prevention responses, would have allowed for a more comprehensive analysis of HIV prevention behaviour.

Although historically migrancy, and more currently urbanisation, seem to have played a significant role in sexual socialization of youth, the thesis did not explore the rural/urban divide and the increasing exposure of rural youth to urban life in the data collection process, and this is a limitation of the thesis.

A further limitation of this study is the time frame over which the research process was conducted. The data was collected over a period of 3 years and the account of the 'current' activity system is actually an activity system of 2003. However the dated nature of the data does not necessarily invalidate the research process. It provides a unique opportunity to engage in an analysis of the development of the activity system. A future study could compare the way in which this activity system has changed given the introduction of new mediational artefacts for example, voluntary counselling and testing (VCT) and antiretroviral medication. It also lays the foundation for a Change Laboratory intervention.

Through re-appropriating the notion of activity and making it pivotal to an understanding of human behaviour; and through providing the mechanism of contextualisation of this activity in the notion of an activity system, CHAT-based research enabled the production of context. In a significant contribution to understanding behaviour change in response to HIV and AIDS, the research activity engaged in the production of the context of sexual activity. A re-contextualisation of the problem, through a form of change laboratory intervention, could potentially enable a critical reflection on the nature of the object; the emergence of novel practices in relation to HIV and AIDS; and, ultimately, a change in the activity system.

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Appendix

1 Appendix 1. Interview schedule (couples and individuals)

1. How long have you been together?
2. Where and how did you meet?
 - a. How did that happen? Who said what?
3. When did you get married?
4. How did it happen?
5. How did you learn about the differences between a man and a woman?
 - a. About the fact that there can be relationships between man and woman? (How did you know that a girl could have a boyfriend?)
 - b. Who told you this?
 - c. When did you first become aware?
6. Where did you learn about sex?
 - a. From whom? How were you told?
7. Were there games that taught you this?
 - a. What exactly happened in those games?
 - b. What was the age of playing these games?
 - c. What was considered normal or usual in these games?
 - d. What was frowned upon when it happened during the game?
 - e. In the games, did the children know what they were doing, or were they just experimenting?
 - f. Was it real (penetrative) sex or what was it?
 - g. What would happen if a person was caught like that?
8. When did you start considering having a boyfriend, feeling that I'm old enough now, feeling I'm ready to start a relationship?
 - a. Were you ready to start a relationship?
 - b. What was the accepted way of responding in such a situation?
 - c. What was the accepted age of having a boyfriend?
 - d. What was the expected thing in terms of having a boyfriend and sleeping with them? (for example, how long was it before one had sex?)
 - e. How often did you used to go with him?
 - f. What would happen when you went with him?
 - g. Did you want to go with him?
9. When was your first sexual experience?
 - a. How old were you?
 - b. What happened?
 - c. Was it what you expected or not?
 - d. What did you feel about it?
 - e. What did your parents know?
 - f. What did they think?
 - g. If they knew, what would have happened?
 - h. When was the next time?
 - i. Did you want to have sex again?
10. Did you use contraceptives on this first time?
 - a. Were they there then?
 - b. Did you know where to get them?
 - c. What kind did you use? Why that kind?

- d. What about STDs were they common?
 - e. Did you ever have one?
 - f. Why did you not use contraceptives?
11. Do you like sex?
 12. Was having multiple partners a common practice?
 - a. Was this the same for men and for women?
 13. Do you know anyone with HIV?
 14. What do you know about HIV?
 - a. How is HIV transmitted?
 15. Who initiates sex?
 - a. Is it that person only?
 - b. Why is it that person only?
 16. What happens if your partner wants sex and you don't?
 17. What do other people think about:
 - a. You living together and not being married?
 - b. About you having sex (at your age, in your situation)?

2 Appendix 2. Focus group schedules

Focus group 1 (older female participants between 30 and 60 years of age)²²

1. What is sex?
2. Do women like sex?
3. What do women like in sex?
4. Do men think about what women want?
5. How do men know that a woman is satisfied?
6. How do women learn about and know things do to with sex?
7. Do you talk to each other about this?
8. How does a sexual interaction start? Who starts, why is it this person?
9. Are women often in situations when sex is forced?
10. Do you use a condom? Why/Why not?
11. How would you introduce a condom?

Focus groups 2 and 3 (young men 16-25 years of age; young women 16-25 years of age)

1. Is enough being done to assist you to protect yourselves from HIV? What more should be done?
2. Do youth in your community talk about HIV? What do they talk about?
3. Have young people in your community changed their sexual behaviour because of HIV?
 - a. What has changed?
 - b. What has not changed? (Prompt: age of starting sex? Abstinence? Abstinence after having already been sexually active? Sticking to one partner? Faithfulness? Use of condoms?)
4. Is there anything that has made you change your behaviour because of HIV?
 - a. If no, why not?
 - b. If yes, what was it?
5. If you have had contact with people with HIV/AIDS how did you feel towards them?
6. Do any people in your community go for HIV tests and are there places in your communities where this can happen?
7. How do young people in your community feel about using condoms?
8. Are men and women different in their way of thinking about HIV/AIDS?
9. In your community does it ever happen that people have sex with people who are much older than themselves? Explain.
10. Do you feel that in your community people are put under pressure to have sex?
11. Does it ever happen in your community that people have sex within a very short time after they have met the person? Explain.
12. Are their people in your community sick or dying of AIDS?
13. Have you ever been to a funeral of someone who died of AIDS?
 - a. Was it any different to other funerals and how did people talk about it?
14. Are there organisations working in your community which are involved in HIV/AIDS education or care for those with HIV/AIDS?
 - a. Are other organisations in your community involved, such as churches, sports clubs, youth groups, women's groups?
 - b. How are these organisations involved?

²² Note: this was an ad hoc discussion early on in the research process.

Focus groups 4 and 5 (young girls 10-15 years of age; young boys 10-15 years of age)

1. What kinds of things do you do when you are not at school, during the holiday or on weekends?
2. What kinds of games do you play?
3. Do you play *undize*?
 - a. Tell me about this game. What do you do in the game?
 - b. At what age do you play *undize*?
 - c. Are there other games that are like *undize*?
4. Do you have girlfriends/boyfriends?
5. At what age does one have a girl or boyfriend?
6. Do you friends have girlfriends/boyfriends?
7. What do you do if you want a girlfriend? How do you approach a girl/boy?
8. Do your parents talk to you about boys/girls? What do they say?
9. Who else talks to you about boys/girls? What do they say?
10. What have you heard about HIV/AIDS?
11. Where have you heard about HIV?
12. What do you know about HIV?
13. Have you ever discussed HIV with your friends? What was discussed?
14. Have your parents, brothers or sisters, ever discussed HIV with you? What was discussed?
15. Have you ever heard about HIV at church, school? What was discussed?
16. How does one get HIV?
17. What happens when one gets HIV?
18. Can you tell when someone has HIV?